The First Training School for Nurses in Canada

An Address

Editor's Note:—At the dinner given by the nurses of St. Catharines in honour of the visiting nurses to the annual meeting of the Registered Nurses Association of Ontario Dr. F. S. Greenwood, of St. Catharines, responded to the toast proposed to the First Canadian Training School, "The Mack." After extending a welcome to the guests Dr. Greenwood gave the following as a brief historical review of the first training school for nurses in Canada:

We of this district feel we have reason to be proud not only of the beauties with which nature has so kindly endowed us, but also of some of our institutions. There are always improvements to be made, so we do not feel too complacent about them, but we do feel a certain justifiable pride in our Collegiate Institute and Vocational School, which you have seen, and in our Hospital and Leonard Nurses' Home, which houses, as you have been told, the First Training School for Nurses in Canada: and but for a delay in registration we could say, in America. It is in connection with this "First Training School for Nurses in Canada" that my name has been coupled on your toast list. I can say with justice that from this school our nurses have gone forth well equipped and second to none in their training.

"To begin at the beginning" (Ab initio incipio) the idea of establishing a hospital here, originated in the mind of the late Dr. Theophilus Mack, and with him I was associated both in my student days and after graduation. It is with deep feeling I ever think or speak of him, because of the close intimacy which existed between us; and I knew the man—the better part—and loved and respected him. He was rather the hero or ideal to me, and honoured me with his friendship and intimate intercourse throughout my student days, as well as according me entrance to his practice, which I was privileged to carry on.

He was a graduate of Geneva, a gentleman of the old school; a fine, scholarly man of high ideals, gifted with a kindly, sympathetic personality and manner. He exalted his profession and placed it where it was intended to be, if not in the first place—for we accord that to the ministers of the Gospel—at least in the second place in service and doing the work of the Master: in efforts to elevate and alleviate suffering and afflicted humanity. He was a tall, large, fine-looking man of distinguished bearing and appearance, ever ready to lend a helping hand to any needy or suffering person: not looking to the material side of his profession, for like too many of us of the old school he did not accumulate wealth and "the things of the earth which perish," but in enterprise and ambition his work and efforts speak for themselves. To my eyes the hospital and training school is the greatest monument erected to his memory, and a living memorial of his work.

The actual work of the hospital was started by the collection of funds, sums of not less than 5c and not more than 50c, until $190.54 was paid into the hands of the treasurer. This served as a nucleus for future contributions. Further funds were added by the Oddfellows and the Ladies' Bazaar till $2,000 was secured as a beginning. This first

hospital was opened in 1865 in a house on Cherry St., for which a rental of $8.00 per month was paid, and with Mr. and Mrs. Smiley in charge as steward and nurse at a salary of $200.00 per annum, with board. In the first year there were 51 admissions. In 1867 the hospital was removed to Hainer St., to a house owned by Mr. T. R. Merritt, who contributed a large sum from the rent. On March 29th, 1870, the present site was purchased for $2,800, and occupied in the fall. Records of 1871 show that the admissions were 119, but as this was inadequate to meet the needs, in 1873 and 1874 the building was enlarged and opened in the latter year. This also proved insufficient, and in 1897 the Jubilee Wing was added. The new hospital was built in 1910.

I have related this to enable you better to place the time and need of establishing the nurses' training school, which was the **first** training school for nurses in Canada and is now known as the Mack Training School in honour of its founder.

It was in the winter of 1873, after conferring with Dr. Mack, that Miss Money left Canada for the purpose of bringing out from England "two trained nurses and others willing to be taught to the number of five or six," as the report reads. Preparations completed, the home was opened June 10th and active operations were begun with two graduates and one undergraduate. One Canadian was added to the staff and later on others joined. The first class graduating in 1879 consisted of three members. A picture of this class hangs in the new Nurses' Home. The last member of that class passed away on April 14th, 1922, in the person of Miss Hannah Dalby. In the obituary notice it states "she was one of a class of three who graduated from the General and Marine Hospital Training School, St. Catharines, August 5th, 1879, the first graduates from a Canadian Nurses' Training School. The patroness of the school, H.R.H. Princess Louise, signed and presented the diplomas. Nurse Dalby's diploma also specified that she was a fully qualified British Red Cross Nurse."

In 1875 the first Annual Report of the St. Catharines Training tion with the General and Marine School and Nurses' Home in connec-Hospital was published.

Besides the regular work of the hospital, as need arose, nurses were sent to outlying districts, towns, villages and cities. As the hospital grew it was found necessary to increase the staff to ten, while today it has over forty nurses and ten probationers and has graduated over 200 who, as I have said, are well trained and fitted to carry on their work.

From its inception to the present time the school has had able and competent superintendents, some of short, a few others of longer, tenure of office. Among the earlier ones were Miss Money, Mrs. McGowan, Miss Mary Scott, Miss Dalby, Miss Linke, Mrs. Wilton, Miss Hibbard (who later served during the Phillipine War), Miss Benson and Miss Hutchinson. All but two of these were graduates of our own school. Of longer tenure of office were Miss Hollingworth, who was beloved by all her students and who was in charge for 17 years, then Miss Uren for 15 years, while Miss Meiklejohn tarried with us only two years, but in that time accomplished much. It was just at the time too, that we needed such an efficient organizer, and she splendidly stepped into the niche in transferring from the old to the new and much larger quarters —palatial in comparison — and in starting things aright, which Miss Wright is very capably carrying on.

As I look around at the hospital and the present nurses' home and training school, I feel I was born too soon. The equipment of the present institution does credit to the city, and while much is yet to be done,

the improvement and progress have been rather remarkable as I have watched the growth and advance. It is always easy to criticize and perhaps scoff, or compare equipment with larger institutions, but we who have seen the early days as well as the present feel we have come a long way and feel a commendable pride in what has been accomplished. Next to the creative is the critical faculty, and it is a fairly safe rule of conduct to criticize only in so far as we can suggest improvement or assist to bring it about: "To be open-minded rather than positive." "To suggest rather than assert." Such is a happy philosophy.

Next year I celebrate the fiftieth anniversary of my graduation, so I presume I may be justly considered a patriarch in this part of the development of our city, though I was but a youth of twenty when I graduated from McGill and since you are all ladies and, as a rule, ladies are a bit sensitive as to the subject of age, you will be able to understand my feelings as I make this admission!

As to the housing of the training school: the first nurses' home was right near the hospital at 1 Queenston St., then what was known as the old nurses' home, and stood beside the hospital until it was demolished in 1925, when the new Leonard Nurses' Home was completed. Of this nurses' home, we feel very proud, not only for its comfort and modernity, but—the greater pride—as it was a generous gift from Col. and Mrs. Leonard, who have long resided in this city.

THE FIRST CLASS OF NURSES TO GRADUATE IN CANADA.

In this new Leonard Nurses' Home there is accommodation, besides reception rooms, dining room and class rooms, for 72 nurses and 10 supervisors—a far cry from the three of 1879!

A comparison of the equipment of those early days with the present is worthy of mention, and can be noted in a survey of the pictures of the groups of the early classes. I leave to your individual judgment the de-

cision as to the advantage of those early styles with the long skirts, long hair, the chatelaine and other "badges of their profession," or the short hair, and short skirts of the modern nurse. The unearthing of these early pictures is also due to Miss Meiklejohn's energy.

It may be of interest to note that Prof. I. G. Roddick, Dean of McGill Medical Faculty, in his address to our graduating class, 1878, made special mention of his old friend, Dr. Mack, having introduced Listerism in St. Catharines General and Marine Hospital, the first in Canada. One recollection, which stands out in my student days, is sitting in a fog of carbolic acid, directing spray during an operation on the operating area. We merely washed our hands in a solution of carbolic; no gloves or gowns or caps were worn at that time. Our first operating table was a dining-room table, and we were very glad to secure that. Surgery was done at this hospital from the very first of its existence.

In the work of starting the hospital and training school, which really went hand in hand, Dr. Mack was ably supported by the generosity and co-operation of Capt. Jas. Norris, Capt. Neelon, Mr. J. C. Rykert, Hon. J. G. Currie, Cap P. Larkin, Capt. John King and Mr. T. R. Merritt. Capt. Norris was a very loyal and generous friend to the hospital in those early days, not only lending his support and influence but every Sunday was to be seen visiting the institution. It was known as the General and Marine Hospital because it ministered to the sailors along the canal and received a grant for this till 1886, when it was discontinued.

It was a matter of pleasurable surprise and satisfaction in the recent "drive" for the new wing of the hospital that the objective, $175,000, was passed to well over $223,000, and it was a great source of satisfaction that so many of the sons of St. Catharines who had gone to other fields responded so generously to her call for assistance.

As we take a survey at the present time of what has been accomplished in the work of the hospital and by the Mack Training School, now so comfortably housed in the Leonard Nurses' Home, we feel St. Catharines can be justly proud of its record and of having the honour to have been the home of the "First Training School for Nurses in Canada," and must ever honour the memory of the man whose vision, energy and determination to start the good work made possible these accomplishments.

Vignettes from the History of Nursing

By Members of the School for Graduate Nurses, McGill University, Montreal.

[Introductory Note.—Short biographical essays written by the students of the School for Graduate Nurses at McGill University pursuing the History of Nursing Course during the session 1926-7 have been selected for publication. These articles represent a considerable amount of research and some contain certain data not given in the ordinary text books. They are, therefore, thought of sufficient interest for publication in "The Canadian Nurse." The subjects are arranged in chronological order, and where the same theme has been treated differently by two or more writers, or additional information of value is imparted, both essays have been included. The titles in this series are: Ste. Radegunde, St. Hilda of Whitby, Liola, Hrotswith, Ste. Hildegarde of Bingen, The Order of St. John of Jerusalem and its English Langue, St. Francis of Assisi, St. Elizabeth of Hungary, St. Vincent de Paul, Mme. de Chantal, Jeanne Mance and the Hospitals of French Canada. It is hoped at a later date to present in the same way other subjects of interest from the early history of this great profession.

The following eight "Vignettes" are based on accounts given in "Women under Monasticism" by Lina Eckerstein.—Maude E. Abbott, M.D., Lecturer on the History of Nursing.]

I

RADEGUNDE

By M. DOBIE, Thessalon, Ont.

The period to which Radegunde belonged reflected an unique mingling of influences. Christianity, Latin culture, and Germanic savagery were all in the melting pot, and far from forming a homogeneous mixture; even in monastic life this social and religious instability is very well seen. Altercations, petty jealousies, and open rebellions were frequently the result of too much self-assertion and the appealing to kings and princes for arbitration rather than to the prelates of the church. The monasteries were not always specific in requirements and far from democratic. It was this lack of democracy which so often made the question of precedence amongst the nuns one of such bitter consequence. To carry a religious organization through such difficulties with any degree of tranquillity required the leadership of a woman of character and determination. Such a woman was Radegunde.

Radegunde's history holds all the elements of Romance. As a descendent of King Theodoric and a member of an unconquered German race, she was born to a life of leadership. When a child she was captured by King Clothacar, of the Franks, and at a very early age was married to him. Polygamy was practised at that time and Radegunde was fifth of Clothacar's seven recognized wives. From the beginning she was averse to the union, and made no effort to assume queenly responsibilities or duties. She considered herself dedicated to a religious life and all through her marriage put the care of the sick, and pious duties, first. The couple quarreled frequently but it was with the murder of her brother that events came to a climax. Radegunde fled to the Bishop of Medardus begging sanctuary, and was made a deaconess. Giving up all her worldly possessions Radegunde began the life of her choice.

At first she did not settle in any one place for long. It was at Sais, where she spent some time ministering to the poor, that she met Jean Chinon and his holy band. Through his inspiration and practical teaching she became still more resolved to devote herself to religion and the relief of distress. Seeing so many sufferers about her she determined to provide a permanent home for them.

Radegunde chose for her settlement some property she had at Poitiers. It was a large fortified establishment situated in the country, and capable of housing two hundred women. For a time it looked as though Clothacar would make trouble. He refused to submit to Radegunde's high-handed refusals to return to him, even though she threatened to take her life. However, some arrangement was evidently made whereby Clothacar withdrew his objections and never again interfered with her. The nunnery progressed favourably and grew in fame under Radegunde's influence, although she did not preside over the organization herself. This position she delegated to her pupil Agnes; but it was the spirit of Radegunde which dominated the monastry.

Radegunde's adoption of the religious profession in no way diminished her intercourse with the world or her political influence. She was intimate with many of the great figures of the times, and continually exhorted the princes to peace, and the councillors to wisdom. After Clothacar's death France was in a state of continuous turmoil, and it was Radegunde who frequently played the role of mediator between contending parties. It is said that her honesty was a byword, and her fame so spread abroad that crowds would gather wherever she was expected to pass. Her ability as a diplomat is well exemplified in her

intimacy with both Brunihyld and Fredegund, who cherished such a violent mutual antipathy.

Radegunde died in 587 A.D. Gregory, Bishop of Tours, gives a very touching account of the sorrow of her nuns at her demise. That her loss to the nunnery was tremendous was revealed in the subsequent trials through which the establishment passed. Fortunatus, the poet, says in his description of Radegunde that she exemplified whatever was praiseworthy in Fabiola; besides this he gives a picture of the poetic and mystical side of the woman. With his poems are several of hers extant today. They reveal a little of her inner life in a way that makes her doubly appealing.

It is such historic figures as Radegunde that provide the romantic and inspiring background of the nursing profession. While the problems and situations have changed enormously, it is still the old heroic spirit which is needed to solve them. This consecration to service, devotion to duty, and unity of purpose must guide present day leaders if nursing is to continue on its upward curve. If Radegunde's story makes this inspirational contribution to history she has done well. Her great organizing work and her actual deeds of charity will rank second in comparative value.

II

ST. RADEGUNDE OF POITIERS

By HELEN S. PETERS, St. Johns, Nfld.

Saint Radegunde of Poitiers was the first woman to found and rule a nunnery in France, in the latter part of the sixth century.

She was a German by birth, captured by King Clothacar, and married to him against her will while still very young. She devoted herself to charitable works, neglecting her duties as queen, which led to quarrels. After the murder of her brother, for which she held the king responsible, she left the king and went to Noyen to seek protection of Bishop Medardus, in 545 A.D. He made her a desconess, and she gave up all her royal clothes and jewelry, and wore those of a nun.

After a while she left Noyen and went to Poitiers, where she had a villa, and began to help the poor and sick. There she founded a settlement where she could provide for them permanently.

During this time there was a great deal of petty warfare going on. King Clothacar died and his kingdom was divided amongst his four sons, with the result that there was a good deal of dissatisfaction and rivalry. Radegunde, who had never lost her connections and influence in the world, tried to restrain them and keep peace, but without much success.

Fortunatus, an Italian poet, who in his wanderings came to Poitiers, was so impressed with Radegunde and her sister Agnes, who was then the Abbess of the nunnery, that he decided to stay there. He wrote very beautiful poems and influenced Radegunde to do the same. Many of their poems are still extant.

She grieved greatly over her relatives, of whom she had never heard since her capture in childhood, and although she wrote to a cousin of whom she had been very fond, she was unable to get news of him until after his death.

Her death, in 587 A.D., was a great blow to the community, where she was very much loved by all.

III

ST. RADEGUNDE (526-587 A.D.)

By RETA L. SUTCLIFFE, Oshawa, Ont.

Saint Radegunde was one of an unconquered German race. Her father was Hermafried, leader of the Thuringeans, and her mother a grandniece of the great Gothic king Theodoric. She and her brother were captured when children in the forest-wilds of Thuringia during one of the raids made into that district by the Frankish king of Metz and Clothacar of Soissons. Clotha-

car appropriated the children and sent Radegunde to a villa in the neighbourhood of Aties which later became the province of Picardy, where she was brought up and educated. Besides occupations usual to her sex she had a knowledge of letters. After trying vainly to escape from Aties, at the age of twelve she was taken to the royal farm at Soissons and there married to Clothacar, becoming his fifth wife.

She was averse to this union, and her behaviour towards her husband was hardly becoming to a queen. She was so devoted to charitable work that she often kept the king waiting at meals, a source of annoyance to him; and under some pretext she frequently left him. Quarrels were not rare, and the king declared he was married to a nun rather than to a queen. The murder of her brother finally turned the balance of the queen's feelings against her husband; with fearless courage she broke down all barriers. Regardless of consequences, she left the court and sought the protection of Bishop Medardus in 545 A.D., who hesitated in fear of incurring the king's wrath, but Radegunde's stern admonition prevailed. "If you refuse to consecrate me," she cried, "a lamb will be lost to the flock." She gave up her beautiful clothes and jewels, which was a great self-denial, as the early Frankish royalty were very fond of jewels, and now definitely adopted the raiment of a nun, a dress made of undyed wool.

Radegunde wandered westward from Noyon, settling at the villa her husband had given her at Sais, between Tours and Poitiers, there entering into friendly relations with the recluse Jean of Chend, a native of Brittany, who with many others enjoyed the reputation of great holiness. He strengthened Radegunde in her resolution to devote herself to religion, and probably helped her with advice.

Radegunde now devoted herself to the relief of distress of every kind, mental and physical. Seeing how many men and women sought her relief, the wish to provide permanently for them arose and she founded a community of nuns at Poitiers.

King Clothacar wished to bring Radegunde back, but hearing of this the queen notified Bishop Germanus of Paris that she would sooner die than go back; so the bishop persuaded the king not to go to Poitiers and later they seem to have come to some kind of agreement as in her letter to the bishop she speaks of him as "the noble lord King Clothacar," not as her husband.

Radegunde did not preside over the women in the nunnery, but with their consent youthful Agnes, her pupil but by no means her intellectual equal, was appointed Abbess. Difficulties arose between Radegunde and the Bishop of Poitiers, who probably was jealous that she had attracted religious women from himself. The rules of the nunnery were apparently obtained from Abbess Caesaria of Arles in 559 A.D.

Living at Poitiers, Radegunde was very close to the scene of the turmoil that ensued after the death of Clothacar, when the kingdom was divided between his four sons, who for forty years overwhelmed the country with plots, counter plots and increasing warfare, and she had close relations with these impetuous persons. King Sigebert, to show his affection for her, sent a deputation of ecclesiastics to the Emperor Justinius II and his wife Sophia at Constantinople, for the Franks entertained friendly relations with the imperial court, and the surviving members of Radegunde's family had found a refuge there. Between 566-573 A.D. gifts were sent to Radegunde: a fragment of the Holy Cross set in gold and jewels, together with other relics of apostles and martyrs. It was Radegunde's wish that these relics should be brought from Tours to her nunnery by a procession headed by the Bishop of Poitiers; but he, when he

heard of her wish, left for his country seat, and the Bishop of Tours was ordered by King Sigebert to conduct the translation.

Radegunde's adoption of the religious profession did not interfere with her intercourse with the outside world; her word was greatly esteemed and she was often called on to help to settle family feuds. Radegunde tried to appeal to her brothers for peace and to the leaders to give sensible advice to the princes, so that the common people and the lands under their rule might prosper. She also instructed the nuns to pray for the safety of the kings.

In 568 Fortunatus, a fashionable man of letters of Provence, was forced by the occupation of the city by the Langobards to leave Italy. He wandered through the provinces from court to court and city to city, visiting princes and prelates till finally he came to Poitiers, where he made the acquaintance of Radegunde, who acquired a great influence over him. Radegunde, whom Fortunatus extolled to his friends, was much interested in his poems, and under his guidance, wrote verses also. One of her poems she addressed to her cousin Harmalafred, telling him about the siege, when she was captured, how she had missed her kinsman and hoped he would come to see her, and that if it were not that she was held by her monastery she would go to him. This poem expressed a great deal of lasting affection for her race, but she received no reply, and later heard that her cousin was dead. This news she received from his nephew Artachis, who sent her at the same time a present of silk. She wrote him asking him to let her hear from him often.

The friendly intercourse between Radegunde and Fortunatus comforted her during the last years of her life. They often exchanged gifts, Fortunatus sending flowers, and the nuns baskets of food. Radegunde died in 587 A.D., and her death was a terrible loss to the inmates of her settlement, who felt that they had lost their mother, and were afraid of the future without her.

IV

ST. HILDA, OF WHITBY

By M. McNAUGHTON, Cobourg, Ont.

St. Hilda was the daughter of Hernric, a nephew of Edwin, King of Northumbria, and was of noble birth. Hilda was converted to Christianity by Paulinus and was baptized at the age of fourteen in 627 A.D. Nothing much is known of her life between the ages of fourteen and thirty-four. She took the veil in 647 A.D., and in 649 A.D. she was recalled to Northumbria and lived for a year in a small monastic community near Wear. She became Abbess of Hartlepool and remained there for several years. She was given the guardianship of the infant daughter of Osrun, Aelfland by name, and through her, St. Hilda gained control of extensive estates. At first the Abbey was conducted according to the usages of the Scottish church through the influence of Bishop Aidan, but under St. Hilda it was changed to the Roman usages.

She founded the famous double Abbey of Whitby for men and women in 657 A.D., which included among its members five future bishops and the famous poet and singer Caedmon. She was most powerful and exerted great influence throughout Northumbria, and in fact throughout Christian England.

St. Hilda's rule was absolute, and she exacted strict obedience from men and women alike. Outlying houses for the sick were built in connection with the monastery. It it to be regretted that there are so few personal data available about St. Hilda. She was a student and very eager to acquire knowledge. She died in 680 A.D., after a long and painful illness lasting for seven years. After her death her protegée Aelfland took charge of the monastery.

(To be continued)

The Shriners' Hospital for Crippled Children of North America

By GRACE BRATTON, Assistant Director of Nursing, Shriners' Hospitals for Crippled Children

In reviewing the history of the crippled child it will be remembered that throughout the ages deformity has had a sinister meaning. The cripple and the monster have been deemed unworthy of society. The ancient Greeks condemned to death those with bodily defects. It will be recalled that even primitive societies entertained opinions and judgments based on economic necessity and religious convictions, the deformity being deemed a visitation of a devil and a punishment for sin. It is not unnatural, therefore, to find at a later period the cripple, deprived of the normal outlet for activity, at the mercy of society, depending entirely upon the almsgiving of his community. The linking of beggary and crippling was no chance affair, and deformities were often created in children for the purpose of exploiting their services as beggars. It was this phase of purposeful crippling that shocked Vincent de Paul and led him to establish his first institution for the protection of childhood.

Modern civilization has assumed a more liberal attitude toward the handicapped, and America today can be justly proud of an organization which has through its unselfish generosity and co-operation brought about one of the greatest economic and humanitarian achievements the world has yet known: that of the restoration of the crippled child.

It was immediately following the World War, when peace had been established, and individuals and organizations which had devoted themselves unselfishly to patriotic efforts, were again turning back to the routine of everyday life.

The feeling had been awakened in the minds of many of the members of the Ancient Arabic Order, Nobles of the Mystic Shrine, composed of a membership of six hundred thousand men, that they should be something more than an order of "good fellows." Among the first to voice the growing sentiment was the Honourable W. Freeland Kendrick, of Philadelphia, who had for many years been interested in child welfare work of his own city and state.

It was at the forty-sixth annual meeting of the Imperial Council, Ancient Arabic Order, Nobles of the Mystic Shrine, held in Portland, Oregon, in June, 1920, with the Honourable W. Freeland Kendrick as Imperial Potentate, that his official recommendation providing for the establishment of a home for friendless, orphaned and crippled children was made.

During the discussion that followed it was found that many Temples brought rather serious opposition, others appeared indifferent, while others promised their enthusiastic support if the idea of the home would give place to that of the hospital. It was here that Noble Kendrick modified his original resolution to provide for "A Hospital for Crippled Children," to be supported by the members of the Mystic Shrine of North America, on an annual per capita basis. The adoption of the resolution was unanimous.

It was evident that the Nobles had very little conception of the vastness of the field that they had undertaken, for it will be remembered that at this time one large hospital centrally located was contemplated. It soon became apparent to the group of eleven men vested with the responsibility of launching this great undertaking that the one building would not suffice to carry on successfully and effectively the work as out-

lined by the Imperial Council, and that it would require a chain of hospitals, suitably located over the territory coming under their domain, with the result that hospital buildings have been established in the following cities:—Shreveport, Louisiana; Twin Cities (Minneapolis and St. Paul), Minnesota; San Francisco, California; Portland, Oregon; St. Louis, Missouri; Philadelphia, Pennsylvania; Montreal, Quebec; Springfield, Massachusetts; and Chicago, Illinois; the bed capacity of these hospitals ranging from fifty to one hundred beds.

In addition to the above locations there have been organized what have been termed mobile units, in Honolulu, Hawaiian Islands; Spokane, Washington; Salt Lake City, Utah; Winnipeg, Manitoba; and Lexington, Kentucky; each having a capacity of twenty beds, arrangements having been made with the trustees of existing hospitals, where the facilities were adequate for the carrying on of this work, in the more sparsely settled regions of their jurisdiction.

Buildings

Much thought has been given to the construction of these hospital buildings, which are erected under the supervision of an architect specially qualified in hospital construction, consequently every thought and consideration for the care and comfort of the child has entered into the construction, arrangement and equipment of these hospitals.

Organization

The hospital organization consists of the following:—

1. The Board of Trustees, whose members reside in widely separated parts of the United States and Canada, hold their meetings quarterly in localities where Shriners' Hospitals for Crippled Children are located, or are about to be established.

2. The Board of Governors: In each locality where one of these hospitals has been established there is a local board of governors composed of Nobles of the Temple where that hospital is situated. These men are elected by the board of trustees, and devote much of their time to the affairs of the hospital.

3. The Advisory Board of Orthopaedic Surgeons: This board nominates the chief surgeons of the various hospitals to the board of trustees. They advise and make suggestions to the chief surgeons of the hospitals in accordance with their high ideals and conception of the work.

4. The Director of Nursing, together with other duties, directs the nursing of all the Shriners' Hospitals for Crippled Children, and is the authorized means of communication between the nursing department of each hospital, the board of trustees and the advisory board of orthopaedic surgeons.

5. Staff: Each unit is staffed as follows: chief surgeon, assistant chief surgeon, resident surgeon, superintendent, who is a graduate nurse, assistant superintendent, graduate nurses in charge of the wards, and those of the various departments:—physiotherapists, occupational therapists, x-ray technicians, laboratory technicians and school teachers.

In January, 1925, the superintendents of the various units held their first meeting in Chicago, at the same time as the meeting of the board of trustees. The members of the board of trustees were greatly interested in the work and problems of the superintendents and much helpful advice and co-operation was given them.

In September, of 1926, the superintendents were again given this privilege by attending the American Hospital Association meeting held in Atlantic City, New Jersey. A very great deal of benefit was derived from these meetings, comprising every branch of hospital management. At the superintendents' meetings in Philadelphia, just following those of the American Hospital Association, aside from the helpful information obtained there was estab-

lished a much closer feeling of fellowship and good will among the superintendents themselves.

Some original work in the development of orthopaedic appliances is being done by the chief surgeons and graduate nursing staffs of the various hospitals, and it is hoped that next year these ideas may be demonstrated. Owing to the great distance it is hoped that these meetings may be held at the same time and place as those of the hospital or national nursing organizations.

With the completion of the fifty-bed unit under construction at Greenville, South Carolina, there will be approximately 780 beds available for the treatment of the crippled child. As the average stay of a child in the hospital is three months, it is expected that three thousand bed patients can be successfully treated annually. Besides the great number treated in the outpatient department of the various units.

Requirements for Admission

The Shriners' Hospitals for Crippled Children are open to every crippled child in America, without regard to race, colour or religion, subject to the following requirements: 1, the parents or guardians must be financially unable to pay for the treatment; 2, the child must not be over fourteen years of age; 3, must be of normal mentality; and 4, there must be a reasonable hope of material improvement of the child's condition.

Parents or guardians may apply for acceptance of a child, through any Shriner, to the chairman of the board of governors, or direct to the superintendent of the hospital.

Naturally, very often there is that feeling of suspicion and fear of the hospital manifested by the parents of these children, which is the first step to overcome. It is interesting to note the different points of contact enlisted in the interest of these crippled children. Often it is the teacher, always alert to the interest of the child, who is the means of transmitting this interest to the minds of the parents, and very often seeking the necessary information herself.

The country and city public health nurses also play an important part in this great work. Often it may be a neighbour and very often the family physician with his kindly and usually accepted advice, plays probably the most important part of all.

The Women's Auxiliary performs a valuable and appreciated work. These women, dividing themselves into working groups or committees, concern themselves chiefly with the pleasure and entertainment of the child during his stay in the hospital. They also provide the clothing worn by the children in the hospital, also supplementing new articles of clothing, needed by the child, upon his discharge from the hospital. It is most gratifying to note the look of pride in the faces of these children as they are made ready to leave the hospital. Their new clothes, neat and appropriate—often act as a necessary urge to the child who, during his stay in the hospital, has been surrounded with care and often unaccustomed kindness, and is heartbroken at the thought of leaving. Let him don his new clothing and there comes that gleam of interest and desire to show these new things to mother or father, or perhaps the brothers and sisters at home, and the situation has been happily saved for all.

The Entertainment Committee is usually responsible for the birthdays, as well as other special days such as Christmas, Hallowe'en, Easter, etc. The birthdays are hailed with delight by the children, and happy is the child whose birthday falls due during his stay in the hospital. Placed on the breakfast tray are attractively wrapped and tied packages of the most mysterious nature; then in the afternoon between the hours of three and four o'clock the party, in which every

child has a share, takes place. Usually upon these occasions the gay coloured caps provided by some thoughtful person and carefully put away for just such an occasion are brought forth and the joy and pleasure of being "dressed up" enhances the pleasure of the ice cream and cake that follows. This is served with much pomp and ceremony. If the child whose birthday is being celebrated is a bed patient, the serving is done from an attractively arranged table beside the child's bed. If, on the other hand, the child is able to be up, he occupies the seat of honour at the serving table, together with a child of his own choosing as his special guest.

Social Worker

While the advantages of a trained social worker as a member of the staff of these hospitals all kept in mind, yet, with the co-operation of the family physician, interested Shriners and city and country public health nurses of the locality in which the child resides, splendid co-operation exists and very satisfactory results are being obtained.

Nursing Service

In the beginning a lack of interest among superintendents and graduate nurses in this particular branch of specialized nursing was apparent. It is, however, gratifying to note the interest evidenced by the graduate nurses in the post graduate course in orthopaedic nursing being given by these hospitals. The superintendents of schools of nursing who realized the benefits to be derived from affiliation are noting with surprise the enthusiasm, interest and basic knowledge gained by their pupil nurses at the completion of their two months' term of service. An especially arranged form or case record is kept by the student nurse, comprising the name, history, symptoms, laboratory findings, medication, diet, nursing care, and complications, with summary, name of disease, etiology, pathology, characteristic symptoms, method of diagnosis, treatment, duration and complications. This form is filled out by the student nurse, two case records being required during her term of service extending over a period of two months. Many interesting points are brought out in these reports, which show clearly the student's grasp of the subject in hand. Much interest is manifested by the student in the following of these cases, whose records she takes with her to her home school. An accurate record of class and practical demonstration work is kept, copies of which are sent to the home school. The lecture course is given by the chief surgeon of the unit with which the school is affiliated. A definite effort on the part of the superintendents of these hospitals is put forth in order that this branch of specialized work may be made as attractive as possible.

Following is an outline of the course of study which affiliated students are expected to cover during their term of service extending over a period of two months:

1. Principles of frames: how made, covered and applied; classification of deformities.

2. Pre-operative care for orthopaedic cases; post-operative care for orthopaedic cases.

3. Tuberculous spine; symptoms; principles of treatment; method of covering posterior and anterior shells.

4. Method of bathing tuberculosis spine cases; care of child in posterior and anterior shells; care of child in recumbent position.

5. Tuberculosis hip: symptoms; principles of treatment; method of applying adhesive extension; method of making and applying stocking extension.

6. Application of extension to tuberculosis hip; nursing care of tuberculosis hip in traction; method of bathing and turning child in traction.

7. Preparation of plaster bandages; application of plaster bandages; precautions to be observed in caring for case in plaster casts.

8. Rickets: relative to orthopaedic method of caring for child in acute stage so as to prevent deformity; bow legs and knock knees; nursing care before and after operation; club foot: cause, treatment.

9. Anterior poliomyoelitis: relation to orthopaedic nursing; spastic paralysis; osteomyelitis.

10. Application of traction to tuberculosis; nursing care of a reduced congenital dislocated hip in plaster on a high frame.

11. Torticollis: principles of treatment; method of making and applying head traction.

12. Demonstration of orthopaedic apparatus; ward clinics; orthopaedic ward clinics; tubercular spine—tubercular hips; paralysis: infantile, spastic, obstetrical; congenital: dislocated hips, bow legs, knock knees, club foot, etc.

In addition to the qualifications that combine to make a successful nurse, the one outstanding qualification for their work is love of children, and fortunate is the nurse or student endowed with the spirit of love in her heart for little children, for if this be true her success, pleasure and happiness in this branch of work is assured. She must be interested in the thought and realization that her little patients are to become real personages, with a personality fitted to take up the pains and pleasures of life with some degree of normality; remembering that a physical defect, whether congenital or acquired, is a challenge to the development of personality. It is the function or work of the orthopaedist to straighten deformities; he deals with abnormal conditions, involving bones and joints, but let it not be forgotten that with every manipulation of his skilled hands he is building material that constitutes personality. From the moment of the preliminary examination until the patient is restored to a life of usefulness, the orthopaedist is a factor in the patient's life. Therefore, as it is necessary for the relationship of sound physical health and moral purposes to be stressed, it is well to remember that every human touch brought to bear upon the crippled child during this impressionable stage of the child's life is an influence-moulding personality, and plays an important part in the conscious and subconscious thinking of the patient. Thus may be emphasized the many responsibilities for nurses, anesthetists, occupational therapists, physiotherapists and teachers, who are all working towards the goal of bodily restoration. And it may be added that a patient attitude, a genial smile, a hearty word of encouragement or praise at efforts to do better today than was done yesterday, act as wonderful stimuli to the patient.

We are not unmindful of the dangers of institutionalism, especially as it is often necessary for these children to spend long periods of time in the hospital. An effort is being made in these hospitals to establish the greater freedom of the home, with opportunities for normal recreation, occupation and companionship, realizing the advantages to be gained in the development of personality under these conditions.

The teachers chosen for the work with the children are provided by the Department of Education in the cities where these hospitals are located, and are selected with regard to their fitness for the work. Thus, while the children are being made straight in their limbs they are receiving, at the same time, instruction in their classwork which keeps them up to their grade. Also occupational therapy is being given by young women especially prepared in that branch of work. And in a number of the units the Boy Scout, Girl Guide and Camp Fire Girl movements have been introduced. Those who are familiar with these organizations will appreciate the stimulus they create for the growth and development of moral fibre. Is it not well to remember that in restoring to the child his birthright, making of him one of the citizens to tomorrow, the mental, moral and physical aspects of his education should be considered of equal importance?

Thus it was given to the Shriners of North America to lead the world in their unselfish interest and devotion to the welfare of the crippled child, and the joy of serving now is as

nothing compared with the pride and joy that will be theirs when these boys and girls have grown to maturity and have taken their rightful place in the great scheme of things, many of them as the leaders of men.

This wonderful spirit of service is remarkably carried out by those who are privileged to serve. There is no place in these hospitals for the pessimist.

The finest spirit of co-operation and cheerful enthusiasm is manifested in each and all of these units, which in turn is reflected in the courage and happiness of the children.

University Courses for Nurses

UNIVERSITY OF BRITISH COLUMBIA

By FRANCES EMILY LYNE, B.A.Sc., University of British Columbia, 1927.

The University of British Columbia now offers two courses in nursing: one a five-year course leading to the degree of Bachelor of Aplied Science; the other a one-year course leading to a certificate in Public Health Nursing. The one-year course is open to graduate nurses.

The ever-growing demand for public health nurses has caused a great increase in the number of students taking the university courses in nursing. In 1923 three nurses completed the five-year course, being the first to graduate in this course. This year there were five graduates, and thirty-six students registered in the course. Nine graduate nurses took the one-year course. This is greatly in advance of the number in previous years.

In preparing for any worth-while profession—and public health nursing certainly comes under this classification—time and work are necessary. Five years may seem a long time, but five years spent in taking the nursing course passes with surprising rapidity, due to the interesting and varied nature of the curriculum. "The aim of the five-year course is to afford a broader education than can be given by the hospital schools of nursing alone, and thus to build up a sound foundation for those who desire to fit themselves for teaching and supervision in schools of nursing or for the public health nursing service." At present the Vancouver General is the only hospital which has associated with the University of British Columbia in giving this course.

The first and second years of the five-year course are spent at the university. The students receive an introduction to general cultural subjects and a foundation in the sciences underlying the practice of nursing. Such studies are undoubtedly helpful during training, and afterwards. Biology and zoology are of definite value in the study of anatomy, and bacteriology is a subject with which all nurses should be familiar. The more general subjects are of cultural value and should be of the greatest help in preventing narrow-mindedness, which is one of the acknowledged dangers of nursing as a profession. It is sometimes difficult for a student commencing the five-year course to fully realize the value of some of her studies, but as time goes on their far-reaching uses become more and more apparent.

During the summer months, between the first and second years at the university, the students are probationers at the Vancouver General Hospital for four months. The third and fourth years of the course are also spent in hospital training, making in all twenty-eight months of training. These years of practical work speak for themselves, for technical skill and knowledge are, and always must be, the basis of successful nursing. Formerly the period of hospital training was twenty-four months only. This was felt to be

insufficient. Twenty-eight months, however, seems to allow ample time for a complete and satisfactory training in all departments. The two years of university training which the student has already had have taught her how to study, and have also developed her powers of observation and her knowledge of human nature. She is thus prepared to gain the utmost from her training and to give the utmost in the form of human sympathy and understanding.

In the fifth and final year the student must choose either public health nursing or teaching and administration in schools of nursing. The Public Health Nursing Course given in the fifth year and the one year course in public health nursing are identically the same. Up to date only four students have chosen the teaching and administration option, but there are many requests for nurses with this training. The Public Health Course is partly theoretical and partly practical: the practical experience is obtained with the various public health organizations in the city of Vancouver. One of the most difficult things in public health nursing is to gain the public health point of view. In hospitals curative work is very naturally emphasized; in public health work it is prevention and teaching which are stressed. Consequently a readjustment in ideas is necessary. This takes place gradually and naturally when studying public health work daily and applying theoretical knowledge in practical work. Such a course, too, must inevitably enlarge the student's outlook. Public health work today is wide and far-reaching in its scope, and its workers must be broadminded. They must be teachers and be able to convey ideas to the world at large. They must consider social and mental welfare as well as physical welfare. Hospital training does not give sufficient time in which to learn all these things. In the teaching of such ideas lies the value of a course in public health nursing.

In British Columbia at the present time there are far from sufficient public health nurses to fill the demands. A course in public health nursing opens to students a wide and interesting field, with many and varied opportunities. Any branch of the work will bring to the worker the joy of accomplishing something worthwhile. Public health nursing has now reached the stage when "the satisfaction of assured achievement" may be counted upon, but at the same time there is the stimulus of enthusiasm and rapid growth common to all new work.

THE VALUE OF THE COURSE IN ADMINISTRATION AND TEACHING

By LOUISE M. DICKSON
Superintendent, Shriners' Hospital for Crippled Children, Montreal

That one may fully appreciate the value of the course in Administration and Teaching given at the School for Graduate Nurses, McGill University, Montreal, may I briefly outline the scope of the work in which I am at present engaged as Superintendent of the Shriners' Hospital for Crippled Children, Montreal, the preparation for which I am deeply indebted to the course given at McGill University.

We are all aware that the duties of the superintendent of a small hospital are manifold.

She is the chief administrative officer and the purchasing agent, thus having a very definite responsibility, including the expenditure of large sums of money. She must be qualified to teach, to supervise, and by effective plan and effort secure co-operation and harmony and the morale of the institution.

The aim of the McGill School for Graduate Nurses is, "to prepare qualified nurses to act as instructors, supervisors, assistants or superintendents in training schools for nurses; as superintendents of small

hospitals, and as public health nurses. The hope and aim of the school is to send out teachers and leaders, who, whether by helping to improve the methods and raise the standards of nursing education in Canada, or by doing efficient work in the varied fields of public health nursing, may alike serve the community as health workers."

As superintendent of a new fifty bed children's orthopaedic hospital (there are now fourteen hospital and mobile units in the United States and Canada, operated by the Shriners of North America) the first problem confronted was that of organization. Realizing that a sound organization meant minimized difficulties and the good of the patient, one naturally turned to the knowledge gained from our valued lectures in hospital and training school administration, to the excursions to the various city hospitals, where we obtained much information as to organization, internal management and general routine, and to our lectures in home economics and nutrition where we learned of budgeting, food values, etc. Thus, with such assistance, the nursing, teaching, clerical, domestic and mechanical staffs were organized.

Possibly our next outstanding problem was the nursing care of the patients and the education of the student nurse. This being a special hospital it was necessary to organize an affiliated course and to secure an adequate number of training schools to send their students to us. One had constantly to bear in mind that the course provided must be of the utmost educational value to the student. It must be interesting and she must gain valuable experience. At the same time we coveted the very best nursing care for our patients. All this meant a course carefully planned including lectures, clinics, practical demonstrations, laboratory experience and supervision.

The lectures in Principles of Teaching, Teaching in Schools of Nursing, Supervision and Current Problems were of incalculable assistance in outlining this course.

Dealing, as we are in this hospital with children, the superintendent is responsible not only for their physical care but for their moral and mental development. What a wonderful factor our lectures in Psychology have been in enabling us to more thoroughly understand children and their needs!

The School for Graduate Nurses besides preparing one to be able to accept positions of responsibility gives a better understanding and a broader vision of our profession not only in this country but in all lands.

Yes, the course provided offers much but we should never lose sight of the fact that we benefit by knowledge and experience in the proportion only to what we are prepared to give ourselves.

In conclusion may I use the words of the philosopher in expressing the value of a year well-spent:

"The results of life are uncalculated and uncalculable. The years teach much which the days never hear. Every man beholds his condition with a degree of melancholy, as a ship aground is shattered by the waves, so man, imprisoned in mortal life, lies open to the mercy of coming events. Likewise every man's progress is through a succession of teachers, in the school of experience, each of whom seems at the time to have a superlative influence. Let him accept it all. Take thankfully and heartily all they can give. Let them not go, until their blessings be won. . . . . ."

PUBLIC HEALTH

By DOROTHY P. COTTON

After having to put off for one reason and another, taking a course in Public Health Nursing, I was finally able to do so, and except for the pleasure that I had in my fellow students of 1926-1927, my only regret is that I had not made a greater effort to have done so before. I feel that I could have given more forceful work to the organization with which I was previously associated.

The point of view in writing of what I got out of the Public Health Course will be from one who had

long forgotten the application to study (this application to study is one thing of great value that the course gives). It opened up new channels of thought and channels through which reading may be sought—which always brings fresh stimulus to the practical work—which is so apt, with its routine, to be allowed to become flat and appear stale.

I have read somewhere words to this effect: "A more rebellious indignation against disease insures a more militant force to strive for its elimination." This I feel was one of the most outstanding things the course left with me.

The intimate association of the nurse with the family, of necessity, brings her attention to conditions that need remedy, they may be legal, social or economic; one learns where the remedies may be found in the most straightforward manner without unnecessary loss of time and effort.

The greater knowledge and appreciation of the historical and romantic background of Public Health and Social Service, should help to keep before us in our work higher standards and ideals.

This is a very general impression and I feel that a much longer article might be written on the value of what a Public Health Course gives, but before closing I would like to say to anyone who is standing on the brink, feeling perhaps that they have got on so far so well without the course—or perhaps feel that too many years have gone by since they last studied for them to take up studies again, go ahead and take the plunge, you will never regret it.

News Items (Received too late for classification)

NOVA SCOTIA

The annual meeting of the Halifax Branch of the Nova Scotia Registered Nurses Association was held at Dalhousie Health Centre on May 10th, Miss Hayden, president, in the chair, with a large attendance of members.

The following members were elected to office for the ensuing year: Miss Carson, president; Miss Margaret MacKenzie, 1st vice-president; Miss Jane Watkins, 2nd vice-president; Miss Gertrude MacKenzie, treasurer; Miss Esther MacWatt, recording secretary; Mrs. G. H. Logan, corresponding secretary.

A Refresher Course for Nurses was announced to be given at Dalhousie University, July 18th to 23rd; Miss Jean Browne, retired president of the Canadian Nurses Association to be one of the lecturers, Miss Strum, superintendent of nurses, Victoria General Hospital, Halifax, and Miss Fenton, Dalhousie Health Centre, Halifax, also to assist.

A great deal of interest is taken in the recent controversy being waged between the Mayor of Halifax and the City Health Board over the erection of a new isolation hospital, the cost of same being the contentious point. The medical profession and nursing associations have placed themselves on record as favouring the project, the need being a crying one. It is hoped that the differences of opinion will soon be settled and that Halifax ere long will rejoice in an up-to-date hospital for the care of contagious diseases.

Coburg Road Hospital, until recently conducted by Dr. A. I. Mader, has been purchased by the Sisters of Charity and will be used in future as a maternity hospital. It has been extensively renovated and improved and is now ideal for this purpose. The Sisters in charge are to be congratulated on this forward step, as this will give them additional accommodation for patients in the Halifax Infirmary.

Miss Jane Watkins, who spent several months in Miami, Florida, has returned to Halifax, and has taken up private duty nursing. Her many friends were glad to welcome her back.

Miss Jane Hubley (Public Health) spent her vacation at St. Margaret's Bay, and Miss Edith Fenton, superintendent, Dalhousie Health Centre, had a brief period of rest at Sandy Cove, Digby County.

The announcement of the marriage of Miss Leona Jackson (Dalhousie Public Health, 1922), a graduate of Waterbury Hospital, Connecticut, to Mr. Samuel Grossman Lasky, which took place at Kennecott, Alaska, was received with interest by the many friends of the bride in her native city of Halifax. The groom is a mining engineer with the Kennecott Copper Mining Co., Alaska, where the happy couple will reside for the present.

International Council of Nurses—Interim Conference

GENEVA, JULY 27th to 30th, 1927

Meetings to be held in the Salle Centrale, 10 Place de la Madeleine

PROGRAMME

Wednesday, July 27th

10—12 noon, 2—7 p.m.—Registration.

3—6 p.m.—Visit to Cantonal Hospital and various small private hospitals.

8.30 p.m.—**Opening Session:** Nina D. Gage, President, presiding.

Address of Welcome:

M. ....., Conseiller d'Etat, Canton of Geneva.

M. Jean Uhler, Président, Conseil Administratif, City of Geneva.

Response: Nina D. Gage.

Addresses:

Dame Rachel Crowdy, representing the League of Nations.

Martha Mundt, representing the International Labour Office.

Mr. ....., representing the League of Red Cross Societies.

Dr. Renée Girod, representing l'Alliance Suisse des Gardes-Malades.

Music .....

Addresses:

"The Part of Nursing in the Red Cross Movement": Gustave Ador, President, International Red Cross Committee.

"Co-operation between Red Cross Societies and Professional Organizations of Nurses": Clara Noyes, National Director, Nursing Service, American Red Cross.

Thursday, July 28th

9.30—12 noon—**General Session:** Ethel Gordon Fenwick, Founder of the Council, presiding.

Subject: Advantages and Disadvantages of Standardising Nursing Technique.

(A) Brief Report of Meeting of the Board of Directors: Nina D. Gage, President.

(B) A Few Facts about Scientific Management in Industry: Percy S. Brown, Deputy Director, International Management Institute.

(C) Application of the Taylor System in the Nursing Service of the Children's Hospital, University of Vienna: Oberschwester Hedwig Birkner, Universitatskinderklinik, Vienna.

(D) Research in Connection with the Standardisation of Nursing Technique in Hospitals and Schools of Nursing in the U.S.A.: S. Lillian Clayton, President, American Nurses' Association.

(E) Standardisation from the Point of View of the Public Health Nurse: Elizabeth L. Smellie, Chief Superintendent, Victoria Order of Nurses for Canada.

(F) Discussion:

Marguerite Oelker, Directrice, d'Hygiène Sociale de l'Aisnes, Soissons, France.

Helen L. Pearse, Superintendent of School Nurses, London County Council, England.

Hazel Goff, Director, School of Nursing, Bulgarian Red Cross, Sofia, Bulgaria.

Speakers from the floor.

2.13—4.30 p.m.—**Demonstration of Nursing Procedures.**

(By Schools of Nursing of various countries.)

4.30—6 p.m.—Visits to different institutions of Geneva.

3—7 p.m.—**Tea given by the International Red Cross Committee,** at l'Institut International d'Etudes de Matériel Sanitaire, rue de l'École (Parquis).

9 p.m.—**Reception given by the City of Geneva,** at l'Ariana, Pregny.

Friday, July 29th

9.30—12 noon—**General Session:** Flora Madeline Shaw, President, Canadian Nurses Association, presiding.

Subject: Ways and Means of Promoting the Powers of Observation and Scientific Reasoning in Our Student Nurses.

(A) Should the Nurse Take Part in the Scientific Work of the Medical Profession: Professor Dr. Clemens Pirquet, Vorstand der Universitatskinderklinik, Vienna.

(B) Selection of Students for Schools of Nursing: Nina D. Gage, former Dean, Hunan Yale School of Nursing, Hunan Yale University, Changsha, China.

(C) The Case Study Method: Gertrude Hodgman, Assistant Professor of Nursing, Yale University, U.S.A.

(D) The Project Method: Universitatsprofessor Dr. med. W. Weisbach, Direktor der Hygiene-Akademie, Dresden.

(E) Development of Student by Liaison between School, Hospital and Home: Mary K. Nelson, Superintendent, American Hospital, Stamboul, Turkey.

(F) Discussion:

Alice Reeves, President, National Council of Trained Nurses of the Irish Free State, Matron, Dr. Steeven's Hospital, Dublin.
Frau Oberin Marie Cauer, Nurses' Association of Germany.
Teresa Kulczynska, Instructor, University School of Nursing, Krakow, Poland.
Elsie M. Lawler, Superintendent of Nurses, Johns Hopkins Hospital, Baltimore, U.S.A.
Speakers from the floor.

3—5.30 p.m.—**At the League of Nations:** Lectures on various phases of the work of the League to be given by:
Dame Rachel Crowdy,
Dr. F. G. Boudreau.

8.30 p.m.—**Round Tables:**

(1) Methods of Supervision and Record-keeping in School of Nursing.
Chairman: Adda Eldredge, Director, Bureau of Nursing Education, State Board of Health, Wisconsin, U.S.A.

(2) Methods of Supervision and Record-keeping in Public Health Organizations.
Chairman: Hester Viney, Hon. Secretary, Public Health Section, College of Nursing, Ltd., Great Britain.

(3) Newer Developments in Private Duty Nursing.
Chairman: Jeanne de Joannis, Secretary, National Association of Trained Nurses of France.

(4) Principles and Adaptations in Pioneer Nursing.
Chairman: Krustanka S. Pachedjieva, President, Bulgarian Nurses' Association.

(5) Ways and Means of Promoting Professional Efficiency and Personal Development of Trained Nurses Working on the Staffs of Hospitals and Public Health Organizations.
Chairman: Cécile Mechelynck, Director, Visiting Nurse Association of Belgium.

(6) The Nursing Profession in Relation to Mental Hygiene.
Chairman: Meta Kehrer, President, "Nosokomos" (Dutch Nurses' Association).

Saturday, July 30th

10—12 noon—**At the International Labour Office:** Lecture on the work of the International Labour Office and what it can do for nurses, to be given by:
M. Albert Thomas, Director.

2—6 p.m.—Excursion on the Lake of Geneva.
(Place of departure: Jardin Anglais.)

8.30 p.m.—**General Session:** L. Chaptal, President, National Association of Trained Nurses of France, presiding.

Subject: Uniforms and Equipment for Nurses.

(A) The Nurse's Uniform and its Aim: Major Julia Stimson, Superintendent, Army Nurse Corps, U.S.A.

(B) Demonstration of Nurses' Uniforms.

(C) Discussion:

Frau Oberin Helene Meyer, Nurses' Association of Germany.
F. Meyboom, former Matron, Cemeente Ziekenhuis, Rotterdam.
Ellen Nylander, Matron of the Second Medical Hospital of the University Hospitals of Helsingfors, Finland.
F. M. L Fumey, Matron, Municipal Hospital of Reims, France.
Speakers from the floor.

(D) Adoption of Resolutions.

(E) Closing Addresses:

Rebecca Strong, former Matron, Royal Infirmary, Glasgow, Scotland.
Bergliot Larsson, President, Norwegian Nurses' Association.

(F) Votes of thanks.

A Story of a Nurse from China

By GERALDINE HARTWELL*

On a fertile plain sentineled by the Tibetan mountains stands the wonderful walled city of Chengtu, Szechwan. In the north-east corner of the city, amongst seething masses of Chinese, stands a small group of western houses and institutions built entirely of brick, and supported by the United Church of Canada. Amongst these are two up-to-date hospitals surrounded by lawns and gardens and a brick wall.

The Women and Children's Hospital of ninety beds had a school of nursing with twenty women students, in charge of Miss Alma M. Tallman and Miss Mary A. Asson, assisted by five women graduates. The Men's Hospital, with one hundred and thirty-five beds, had a school of nursing with twenty-two men students, in charge of Miss Velma C. Imeson and myself, assisted by two men graduates. The course extended over a period of four years and diplomas were given to successful candidates by the Nurses Association of China. These hospitals are the teaching hospitals of the Medical College of the West China Union University.

In the spring of 1925 a great unrest and lack of interest was felt amongst the women nurses, which could not be accounted for. At last Miss Tallman was forced to take measures as the work was being neglected. Then, to our great surprise, on April 4th the students of the first three years left in a body. In spite of this the work was carried on as far as possible with the seniors and graduates until the summer.

The trouble did not appear to affect the men nurses until they felt they had to support the women nurses or lose their prestige. On April 29th seven students left and eight asked for leave for a short time.

The hospital was full to capacity and the work was continued with only six students and two graduates for a week, when five students returned. That was certainly a time of stress, but we managed somehow, with the help of ordinary coolies, to nurse the patients to their satisfaction.

This was the starting point of the widespread propaganda that has since swept the whole of China.

But in spite of everything, during 1925-6 students flocked to our hospitals and university for training. In order to carry on the work three classes were admitted into the school of nursing for men and scores were turned away. Things seemed to become normal again. Last fall we accepted another class of sixteen men students. Our work was everything to be desired. We never had a better class of students, thirty in all, and a spirit of helpfulness and service manifested itself everywhere. The friendly Chinese did everything in their power to show their appreciation and respect to us: endeavouring as we were to overcome impossible obstacles and still remain at our posts. But in spite of this an undercurrent could be felt that thousands did not understand, and the anti-foreign propaganda was slowly eating its way into the masses.

Finally, in October, after the Wanshan incident, a general strike was called among Chinese coolies acting as personal servants to foreigners and their institutions, following similar strikes throughout the country. Many of these servants were loath to leave, but were threatened with personal injury by the organized strike committee, which thought that the foreigners would starve in a very short time. But owing to the loyalty of servants and friends our larder was overflowing, and most of the men population were overjoyed

(*Geraldine Hartwell: graduate of Nanaimo General Hospital, Nanaimo, B.C.)

at having home-cooking once more! Our capabilities were certainly a surprise to our servants. During the strike the University and Women's Hospital closed their doors for three weeks.

Our hospital coolies tried to be loyal, but had to leave after three days, and then the Chinese patients were forced to bring their own personal servants, who bought the food and took charge of the kitchen. This, with the help of eight inmates of the Orphanage to clean the wards, enabled us to keen open. Owing to the untiring efforts of Mr. Wang, president of the West China Branch of the Red Cross of China, our coolies were permitted to return three days after they had left. We consider this the wedge that broke the strike.

In 1926 we spent a most happy Christmastide with our Chinese staff and friends. On Christmas morning at 5.30 a.m. we were awakened by fire-crackers and carols sung by the men and women nurses. Each Chinese friend seemed to try to outdo the other in expressions of loyalty. Imagine our dismay, therefore, when news reached us of the Hankow disturbances, and all women and children were strongly advised to leave for the coast immediately as the British consuls were evacuating within two weeks. It was very hard for many of my fellow-missionaries to leave when we seemed to be needed so urgently and there was yet so much to accomplish. Fortunately for me, my furlough was due after a five-and-a-half years' term, and the work I had planned to complete before my leave was practically finished when I left on January 19th.

After hearing such alarming news of the conditions along the Yangtse River, to our surprise the trip was quite uneventful, only for the fact of being in rather crowded quarters. The British Government, foreseeing the need to evacuate quickly, had steamers and adequate protection for our different parties, and we all feel grateful to the Mother Country for looking after our safety in war-ridden China. A tribute should be paid to the gallant ship's officers and men who knew the dangerous task before them and yet were always cheerful and trying to make us as comfortable as possible.

We arrived in Shanghai on February 11th. While in Shanghai I was delighted to have the opportunity of renewing my friendship with Miss Lillian Wu, vice-president of the Nurses Association of China, and superintendent of nurses of the Chinese General Red Cross Hospital, who was also a delegate to the International Council of Nurses in Finland. Miss Wu has done remarkable work considering the tremendous financial odds against her. She has a splendid school of sixty-four women and fifteen men nurses. I had the pleasure before leaving of attending a meeting of the Nurses Association of China, under the auspices of the Shanghai Branch of the Association, and hearing Miss Wu, who is acting-president in the absence of Mrs. Todd, speak on the situation in China. She made a strong and inspiring appeal for the suffering millions there, and for the dependence on us of the Chinese nurses for leadership and instruction. She hoped that all present would return renewed in spirit and strength to carry on the noble work of service to the needy and dying. It was also sad to meet nurses from all parts of China and hear many of their experiences and expressions of regret at leaving their work to their Chinese friends to continue, if possible, under such adverse conditions.

It has been a great satisfaction to Miss Imeson and myself that the hospital in Chengtu is still open and work being carried on under the direction of Dr. Wilford, who is among the five members of our mission to stay in Chengtu in spite of repeated orders to evacuate. I have received letters from our nurses since arriving in Canada, asking us to keep

up heart, that they would do their part to carry on the work until our return.

Although propaganda and the Reds have forced us out at this time of the history of China, still it has been worth while when we consider that a great many of that vast population have benefitted by our stay amongst them and are striving to lead better and happier lives, and accepting Christianity as the foremost civilization of the world.

In closing, I would like to make a plea for your sympathy and prayers for the four thousand Chinese graduate nurses and student nurses who are now without leadership, yet striving to keep up the standards that have been set before them.

What is Pasteurization?

Pasteurization is a word with which everyone is familiar. It is a word to conjure with. The milkman has only to say to the housewife: "Madam, your milk has been pasteurized," for her to believe that all is in order, and that no ill can befall her family as far as its milk supply is concerned. Pasteurization has, in fact, the same suggestive influence on the housewife that the blessed word "Mesopotamia" had on the devoted old lady with whom every student of theology is familiar. But it is doubtful if many housewives appreciate all the advantages and understand all the disadvantages of pasteurization, and they may surely be forgiven for not knowing much about the technique of this process. Indeed, if a dozen fully trained nurses were to be set the question, which heads this paper, in an examination paper, it is probable that few would get full marks. Yet, the subject is one of the greatest practical as well as scientific value.

Pasteurization is parboiling. In theory nothing could be more simple and effective than for the housewife to parboil the milk as soon as it comes into the house, for then she could know, or at least think she knew, all that happened between the parboiling and the consumption of the milk. But in practice it has been found best to pasteurize the milk at some central station under scientific and official control. There are three well-known processes. The first is known as the "flash method," which consists of heating the milk momentarily to a temperature of about 178°F, or 81°C, and chilling at once. The advantages of this method are its cheapness and rapidity, but it is not absolutely reliable. The "holding method" consists in heating the milk to about 65°C and then holding it in a tank at this temperature for about 30 to 45 minutes. This method has proved satisfactory, but the third method is considered by Professor Rosenau to be the perfection of the art, and is known as "pasteurization in the final container." The bottles containing the milk to be pasteurized must be well sealed with a tight cork and cap, and are immersed in a water bath brought to the desired temperature. They are kept in this water bath for some time, and are then chilled. This process is particularly suitable for small dealers who cannot afford more expensive plants.

What does pasteurization do? Heating milk for 20 minutes at a temperature of 60°C kills the germs of tuberculosis, typhoid fever, scarlet fever, diphtheria, Malta fever, dysentery, foot-and-mouth disease, and all the diseases caused by such common germs as streptococci and staphylococci. Heating milk to this

temperature for 20 minutes does not alter its taste, odour or digestibility, and much of its food value is retained. It must, however, be admitted that the constituents of milk which prevent scurvy and rickets suffer somewhat from pasteurization, and it is for this reason that pasteurized milk is not the ideal food for infants. Fortunately we now know so much about the substances which prevent scurvy, rickets and similar diseases that we can replace at least some, which have been partly destroyed by pasteurization. We can, for example, avert scurvy in infants fed on pasteurized milk by giving them a little orange juice.

In every-day life we do not so often have to choose between the best and the second best as between the second best and the third best. Pasteurization, for the reasons already given, does not represent perfection. It is a "second best," and its value is evident only when we consider the "third best"—milk which has travelled far and passed through many hands before reaching the consumer. We have merely to consider the danger to infants of drinking raw milk in the summer to realize the blessings which pasteurization confers. It has been argued that pasteurization encourages dairymen to be careless and dirty. "What matters it," the dairyman is supposed to say, "if I supply dirty milk so long as it is pasteurized before it is consumed?" Professor Park's answer to this objection is that dirty milk teeming with germs is not as wholesome after heating as fairly clean milk. In other words, even the dead germ is objectionable, and the dairyman who assumes that pasteurization, like charity, covers a multitude of sins, will certainly not be tolerated.

It has been stated that pasteurization renders milk more liable to subsequent infection. It is assumed by the authors of this statement that the defensive properties of fresh milk against germs are destroyed by parboiling. It is true that milk, just drawn from the udder, has slight bactericidal properties which, during the first few hours, may reduce the number of germs in very clean milk. But these properties are soon lost, and are non-existent by the time milk is usually pasteurized. We need not, therefore, fear that pasteurization will pave the way to the omnipresent germ, but, on the other hand, we must handle pasteurized milk as carefully as raw milk. For pasteurization deals only with the sins of the past; it is no preventive of sins to come. Pasteurized milk should, therefore, be always kept cool and quickly used. If it is not, the housewife may have to repeat the process at home, heating the milk for a short time at a temperature just below the boiling-point. With pasteurized, as with raw milk, we have nature's danger signal in souring of the milk which is due to the activity of germs producing lactic acid.

From what has been already said, it is clear that neither raw nor pasteurized milk is the ideal food for infants. The list of germs to be found in raw milk is appallingly long, and pasteurized milk is deficient in those intangible properties which prevent a variety of diseases such as rickets. There is only one ideal food for infants during the first months of life, and that is their own mother's milk. Infant mortality rises and falls according as breast-feeding is discouraged or encouraged, and the ingenuity of man has not yet discovered a satisfactory substitute for mother's milk. As far as infants and young children are concerned, pasteurization does not represent a complete solution of the milk problem. It is only a makeshift.

(From the Secretariat of the League of Red Cross Societies.)

American Dietetic Association

The American Dietetic Association will hold its tenth annual meeting in St. Louis, Missouri, October 17th, 18th and 19th, 1927. The headquarters of the convention will be at the Hotel Statler.

The association was founded in 1918, in Cleveland, by pioneers in administrative hospital dietetics. The war had focused the need of the country and the world upon adequate control of diet from the standpoints of health and economics. The large hospitals had small diet kitchens which furnished special diets for certain diseases. The need for dietitians was beginning to be felt. The Red Cross had enrolled a great number for war service. A small group of dietitians organized the American Dietetic Association to further the common cause of all workers in nutrition and to determine the standards of the dietitian. From this small beginning the association has grown into a national organization of highly trained workers in nutrition and allied fields. From women with splendid practical ability who formed it came the impetus toward a more scientific background. Today our women's colleges are full of students of nutrition in training for many different kinds of work in the field of diet.

To the hospital administration dietitian has been added the expert in diet-therapy, the metabolic research worker, the teacher of nutrition in schools and colleges, the social service dietitian in hospitals, clinics, and city centres, the dietitian in the schools who detects malnutrition in children, and brings them up to normal, at the same time educating the child to know something of good values; the dietitians in commercial work, directors of cafeterias and lunch rooms, the educational directors of large food firms and of magazines and daily papers who conduct nutrition columns.

The programme of the American Dietetic Association at the annual meeting covers all of these fields. Speakers are provided from among the laity and the medical profession who discuss authoritatively the problems of each group. The latest work in nutrition research is brought to the association. Administrative puzzles are solved by the most competent people in that specialty. In addition to this, valuable information which no dietitian interested in her future and the future of her profession will want to miss. The inspiration derived from the convention stimulates to renewed activity and ambition.

The contact with enthusiastic professional friends from every section of the United States, from Canada, from dietitians who have served in China, Australia, Hawaii, is worth the effort it may be to attend the convention.

St. Louis is uniquely adapted to act as the convention city. It offers an opportunity for study in all the phases of the field of dietetics.

All railroads have consented to grant the fare and one-half rate. This means that each delegate to the convention must ask for a certificate upon purchasing her one-way ticket. This certificate is validated at the convention and if there are 250 certificates half fare may be secured on the return trip.

Mentally, most of us lead a hand-to-mouth existence. We are so busy spending the gold of our minds that we do not take time to put anything back, and by and by we arrive at the point where the balance sheet of our brains show an O.D. opposite the terminal figures. In other words, we have drawn on our reserves until there is an overdraft and we are working on a negative balance. There is only one way in which this can be built up and that is by contact with other minds. This is the real reason, or at least it should be, why we attend society meetings, visit other hospitals and, above all, why we read.

A good journal, an inspiring book or a quiet talk with someone who has something to impart will do much to make up the losses that we constantly undergo through our contacts with the sick and those who labour for their relief. Even so short a time as fifteen minutes, if employed each day in reading really good books, is a wonderful prophylactic against mental overdrafts. This was Osler's idea when he proposed a bedside library.

(The Modern Hospital, April, 1927.)

The Care of the Sick—*Concluded*

By DAVID A. STEWART, B.A., M.D.
Medical Superintendent, Manitoba Sanatorium, Ninette

Treatment, and Hospitalization, and Payment Therefor

Something of what has been said of the fuller use of facilities for diagnosis might very well be repeated about facilities for treatment, though there is much in the dictum of Gee that the first part of medicine, is Diagnosis, the second DIAGNOSIS, and the third DIAGNOSIS.

For one thing we need more hospitals better and broader hospitals, more facilities gathered into hospitals, more services radiating out from hospitals, more use of hospitals by the people, better ways of supporting hospitals, more hospitals becoming real community health centres. We need more hospital beds available for diagnosis, for observation, for a few weeks' rest for tired-out people, for fairly long periods of rest in cases of more chronic type. What is partly provided now for the tuberculous and the psychopathic should be available for some suffering with heart lesions as well. We need more beds for longer convalescences. As they are, hospitals are pressed for room, and boast their low average stay of patients, their rapid turnover. There might be reason in a boast of longer average stays of patients, and a slower turnover, if this could be managed. A longer convalescence may be both cure and prevention.

The first hospitals were refuges for unfortunates and outcasts. The first community hospitals were "fever hospitals," for community protection, quarantine stations. But the idea has grown that all disease is somehow an affair of the community, and the hospital is slowly taking on the functions of a general community health centre. Community decency demands that derelicts, citizens with only a past, should be cared for, and in a fine spirit. But community economy demands that citizens with a future shall be cared for also. The hospital, which has been a dispenser of charity to the few, is becoming a dispenser of medical science to all.

The factory is the workshop taken out of the home, and organized. The public school is a part of the teaching function of the home transferred to the community. The hospital is the sick-room of the home transferred to a specially equipped centre. Few people, if indeed any, even the rich, can provide in their own homes in serious illness the team-work of the well-equipped hospital, physician, surgeon, pathologist, radiologist, nurses, dietitian, apparatus, planning, orderliness, quiet, the efficiency of specialism, safeguarding against infection, readiness for emergencies. The hospital is the logical place for the sick of the community as the school is for the scholars of the community.

* * *

The question is not, shall the ordinary sick citizen be received into the hospital, but how can the door be opened to him somewhat as the school door is to his girl and boy. The commonest saying about hospitals as we have them is that they are for the poor and the rich, but impossible for all between. Nor can this defect be laid altogether at the doors of hospitals. There is perhaps no problem in social administration more difficult than the founding of hospitals and conducting them on a proper basis, so that they may welcome all, help all, yet hopelessly burden none, and pauperize none. It is time to realize that the best basis for the care of the sick in hospitals is still a problem unsolved, though surely not impossible to solve in an age of scientific yet sympathetic study of community problems. Not all essays in hospitalization have been wise. Not all hospital demands have been warranted. Hard heads and hard hearts have made a bad combina-

tion, but soft hearts and soft heads a worse one. The sympathetic heart and the scientific head go well together. Judgment guides charity, and charity perfects judgment. "True charity is sagacious." (Sir Thomas Browne).

The tendency of the day is to throw more and more of the care of the sick, in and out of hospitals, on the community, and the disabilities and widowhoods that follow illness also. The public purse is a sort of neighbourhood cow that everybody wants to milk and nobody wants to feed. It is the function of governments to pay, but they have a higher function also, which is to plan. Our idea has been that many and various small volunteer groups shall do the planning, and the community shall do the paying. Possibly this should be reversed; the community devise the plan, and the people pay. At any rate the most urgent need is the plan.

* * *

I am convinced that we have gone about far enough in the direction of free treatment. We should be careful how we give to any citizens, for any reasons, or under any circumstances, blank cheques by which they may draw upon the resources of the community. The primary responsibility for illness and the cost of illness should lie upon the individual. For this there are many reasons. Sickness is as often a fault as poverty is. If every man who has lost his health by carelessness or slackness or shiftlessness is to be a privileged public charge as long as he wants to be, why not the man who has carelessly or shiftlessly lost his money?

And if all illness is to be carried without question by the community, it will often be very hard to decide just where health stops and sickness begins. Few are one hundred per cent. ill, and none of us are one hundred per cent. well. Every doctor knows that in hard times especially, a differential diagnosis has often to be made between sickness and unemployment, or sickness and imagined sickness, or sickness and a chronic disinclination for work, or sickness and some complex of circumstances that sickness would provide a welcome escape from. It is wonderful what persistence and ingenuity will do in establishing a malingerer as a public charge. Men of not much health, but plenty of "gumption" will work every day, while men of better health but less "gumption" have meals served them in hospital wards. The work of the world is done by people less than one hundred per cent. well and always has been. Dr. William Charles White tells of three men chosen for an important bit of work for the state, who found when they met and took stock of one another, that one had been operated on for cancer, and was keeping tuberculosis under control, the second had crippling and disfigurement from x-ray burns, and the third had latent tuberculosis and disabilities from a railway accident. With less reason many have been permanent burdens upon the community. But these men were assets to their community, and thought of nothing but coming blithely to their day's work.

* * *

The fight against illness is not physical only, but has a real moral quality as well; the reaction of a man against misfortune, which is something like the reaction of a nation at war. The religion the sick man needs is one of fortitude, self-denial, earnestness, and this can be coddled out of him by slush, and sentimentality and self-pity, which for him are the world, the flesh and the devil. To lose health is bad: but to lose moral stamina is worse. For a man to get out of hospital with legs and lungs healed, and body patched up, but moral backbone flimsy for life, is not a triumph but a tragedy.

Men who work to keep hospitals open complain of the growing number of people who spend all they earn, and so have no waterproof for a rainy day. The poor we have always with us, but many of them wear much better clothes than they used to do, and keep a car. The idea seems to be that living in a paternalized community

there is no chance of being left to starve by the wayside. "Let us eat, drink and be merry," say they, "Burn midnight gas and let insurance go hang." If the pace should break us, what are hospitals for but to care for us? And when we die, or the car turns turtle, what is the community for but to take up the burden of our dependents?" And should a hospital, in the very presence of illness, merely mention such a sordid matter as money, it is as though an outrage had been committed. The modern sentiment about illness, that it is a holy thing, which should be able to seek sanctuary without question, anywhere, at any time, for any length of stay, is only part right.

* * *

Of course the hungry must be fed, no matter why hungry, but that community has not yet mastered its social problems in which poverty is always an emergency, with a new plan to meet each new case, and the cure always a dole. And that community has not yet mastered its problems in which sickness is always an emergency.

A house on fire is an emergency for the householder, but not for a community with fire brigades and insurance. John Smith's illness is an emergency for the Smiths, but surely not for Smithville with modern medical science and hospital organizations. Every fire is an emergency to some one, but fire proofing, building regulations, fire drills and insurance are not emergency measures—are useless in emergencies, but prevent emergencies. Fires and sickness are almost as sure to come as death and taxes, so should be provided for beforehand—though prevented if possible. A fire may be stark ruin for the unprepared but only a regrettable incident for the forward-looking man who has foreseen such a mischance and prepared for it. Sudden illness, or long illness, may bring not suffering only, but bankruptcy; but if twentieth century medical science can find means to relieve the suffering, surely twentieth century economic and administrative science can find means to avoid the bankruptcy.

Perhaps a reasonable and workable way of paying the cost of illness might be found in some general plan of more of less compulsory personal insurance under state auspices. In workmen's compensation arrangements we have such a basal principle already accepted by governments. At any rate, the proper time to pay the costs of illness is while well and working, not while sick and spending. Such an arrangement would be a great boon not only to sick people and the heads of sick families, but to hospitals and doctors as well. Both these unfortunately have to earn their livings from the sick, since the belief still prevails that they that are whole have no need of the physician, but they that are sick.

* * *

Paying for sickness while sick is bad enough without a supertax. Hospitals are half filled with people who cannot, or will not, or do not pay, and half the time and energy of many physicians is spent without fee or reward. Now hospitals have to pay their grocers' bills, as other people have to, and doctors must live, for is it not written in the book of Ecclesiasticus, "Then give place to the physician for the Lord has created him?" and again Ecclesiasticus, "The skill of the physician shall lift up his head, and in the sight of great men he shall be in admiration."

How is the extra burden to be carried? From time immemorial it seems to have been decreed that the paying sick, in the very depths of their own distresses, should be supertaxed in their hospital charges and doctor's bills to help with the burdens of the non-paying sick. The provident sick, while yet in bed, must be supertaxed to help the non-provident. Sickness evidently is taxed as a luxury. Whoever devised this plan I do not know, but I have a suspicion that it dates back to the middle ages, and to a certain personage, one Robin Hood to wit, who by way of curing social ills robbed the rich to relieve the dis-

tresses of the poor. Is a social method, outlawed in the thirteenth century, quite good enough for the distribution of scientific medical care in the twentieth?

Yet, on the other hand, it would be doubly wrong to limit the doctor's giving. He is a poor excuse for a physician who is not essentially a missionary. Now it is of the very nature of missionary work that those who need it, and get it, cannot pay for for it, or will not. If the anti-tuberculosis campaign of education, diagnosis and treatment and segregation had to be paid for, from this day forward, item by item, by those whose lives it is saving, the whole thing would be at an end, and we would lose in a month or two what has been gained in a generation.

* * *

"The care of the sick is to be placed above and before every other duty." There is little doubt that the men of our profession today walk in the way of that precept quite as straitly as the average confreres of Saint Benedict, but we work in a system which for our day is even more obsolete than theirs. Ways must be found for a far wider application of our very wonderful medical science to the needs of men. Nothing else matters to our profession, but that it should do its utmost for the help of the people. What its place may be in any new order that may come will depend upon the greatness and the spirit of our services. As Hippocrates said, "Where there is love of humanity there will be love of the profession." Tributes to the Maclures among us have been for what they gave, not for what they got. Whether we recognize it or not, even the cement that holds us together—as Cushing has recently told us—is not self-interest but a common devotion to a worthy cause. Some better system may well bring to us a vista, a scope and even a dignity we have never known. At any rate the spirit of our calling is the precept of Saint Benedict, which, to close with, may be given again, but this time in the words of Sir Thomas Browne—*"Though a cup of cold water from some hand may not be without its reward, yet stick not thou for wine and oil for the wounds of the distressed."*

Editor,
"The Canadian Nurse."

Having had the pleasure in the last few years of attending conventions, the benefit I received from same inspired me to answer that oft-repeated question: Are Conventions of Value?

The Nursing and Educational Conventions, for instance, are places where valuable information is obtained, where discussion brings out the best of every question, and where women and men learn the art of debate, the happy method of winning favour of an audience and the faculty of presenting facts in illuminating fashion. And conventions bring together a fine body of women and men, who rub shoulder to shoulder on a common platform, enjoy social communion and social companionship, and thus develop a sympathetic atmosphere that is helpful and inspiring and goes a long way in the time of wearying work to give poise and strength to the mind. In convention they get that steadying power that is helpful in all circumstances.

A convention is a good thing in that it enlarges the horizon; it develops the mind and heart. Every woman and man who meet in congress are the better from the associations they find in it.

Yes, the convention **is** a good thing. Would that every Canadian in some way and some form would get the impulses for progress and improvement that conventions afford.

M. S. H.

Department of Nursing Education

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Nursing Goitre Patients

By R. R. FITZGERALD, M.D., Visiting Staff, Montreal General Hospital

Modern advances in the treatment of patients with goitre have made new and exacting demands upon the skill and training of nurses assisting in this important work. Medical science for decades has been grappling with the problems of the physiology of the thyroid gland and the causes of goitre. Although our knowledge is far from complete it is the duty of clinicians and nurses to treat thyroid diseases to the best of their ability while waiting for complete information regarding the workings of this strange gland.

Nurse and doctor share the responsibility in the treatment of goitre cases. The work of each must complete and supplement the efforts of the other, and in modern clinical practice the nurse is expected to not only carry out efficiently the prescribed instructions but also to recognize and give warning of danger signals.

Adolescent goitre, the simple swelling of the gland in children, is the earliest, commonest and most curable form of goitre. Nurses in health centres, settlements, schools and free clinics see the condition daily. Most of the cases are mild conditions which will disappear if properly managed. But the thyroid gland rarely forgives the insult of improper treatment of this early disorder, and neglected or mismanaged cases will be in danger of toxic goitre or even malignant disease in later years.

It is the duty of nurses in charge of children to detect enlargements, to observe their course and to refer immediately to medical advisor any unusual cases. Particular note should be made of cases overdosed with iodine, since the future health of such individuals is in danger.

The treatment of a fully developed toxic goitre in an adult may be looked upon as a problem in nursing, extending over a year or more, with a surgical operation carried out at the proper time. The patients are nervous, emotional, irritable, exacting, flighty and restless, continually excited, worn out by disease or misdirected treatment, often selfish and difficult to manage. It is the duty of the nurse to reassure, steady and encourage the patient. By coaxing, humouring, promising or threatening, she must restore the patient's self-control, and her confidence in those who are trying to help her. Many nurses are admirably adapted for such a task, and at the end of the preoperative period of rest we find a tranquil patient, with confidence restored, and temper and emotions well under control.

The nurse's tact and ingenuity are severely tested on the day of operation. If she can chat to the patient about movies, or gardens, or children, or clothes, the interest and imagination will be diverted to anything but surgery. The tension will relax, the pulse will quiet, the groaning cease, and the operation proceed with deliberation. Many nurses find this duty an ordeal. Others enjoy it. Some prepare subjects for conversation, only to forget them later. Others ramble along the easiest topics, and sometimes the patient is not the only one who is interested or amused. No matter how the effect be produced the surgeon is always very grateful if the patient's attention can be diverted and held.

The greatest nursing skill is demanded in the first forty-eight hours after operation. The placing of ice bags, the support of the head, the attention to position and posture, and the reassuring and comforting of the patient, each contribute a part to the desired peaceful course. This is the period of strain when the patient may die, and the most vigilant lookout must be kept for those rare complications, haemorrhage and crisis. The former is detected by the feeling of progressive suffocation combined with a swelling of the neck, and the latter by rising pulse, rising fever, collapse and delirium.

When convalescence has been reached the somewhat irksome routine of rest and inactivity has often to be enforced by the nurse in charge. Steady insistence and encouragement will help in maintaining discipline. The pulse should be recorded accurately and any rapidity or slowing reported at once.

These few examples will serve to show that as methods of treatment modify and science advances the nurse is expected to assume a share of the duties and responsibilities with each step forward in the treatment of thyroid disease.

Miss Harriet T. Meiklejohn at the annual meeting of the Registered Nurses Association of Ontario, in introducing the subject of ways by which high school might be reached in order to put before the pupils of these schools the opportunities afforded in the nursing field, said: When we consider the large number of young girls applying for admission to the various training schools of Ontario who have not the minimum requirement in education, much less a full high school education, but who nevertheless are often otherwise very tempting material, and that these applicants are so many times themselves bitterly disappointed because they cannot be accepted as probationers, it would look as though a little "prevention" might well be applied.

There are some 64 training schools in Ontario, all of greater or lesser importance, and practically all of them struggling to raise their standards, particularly the entrance standard, or preliminary education. Beyond the fact that we advertise on our circulars our need of two years' high school or equivalent, as a minimum standard, are we attempting in any way to influence the viewpoint of the school-girl?

The fact that there is an avenue of influence among growing girls open to us as older women and nurses was definitely brought home to me last winter when I received a letter from a school-girl asking for information for her school paper on the pros and cons of high school education before attempting nursing.

I would suggest that through district committees much might be done, as: Attractive nursing posters put in schools; circular letters and literature sent out; prizes offered for compositions and essays on "Prospects in the Nursing Profession," etc., etc. (incidentally I have no doubt we would learn a lot about ourselves as others see us); talks to groups of public school and first year high school girls, and private school groups, etc.

Growing girls are many of them anxious for information and advice as to what future career to adopt, and I have been interested to see how serious many of them are about it.

The opportunities for a first-class education are so marvellous in Ontario that it would seem as if every serious-minded girl ought to be able to complete her high school at least, and there should be dozens of ways in which district committees, R.N.A.O., could interest these pupils in the nursing profession to the great advantage of our own schools and the nursing profession, as well as to the great ultimate advantage of the girls themselves.

Department of Private Duty Nursing

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Nursing Contagious Diseases in the Home

By Mrs. HAROLD TRICK

Although nearly all nurses have been private duty nurses at some time during their career we do not always realize what the public expects of us and, without being a little mindful, we may be falling short of that great expectation. I think that one of the finest arts a nurse can acquire is the ability to adapt herself to circumstances and the care of a patient in the home environment. Doctors want a nurse who is well-educated before she undertakes her hospital experience, who is scientifically educated in her training, and who continues to educate herself as the years pass.

Fear or selfishness must not keep nurses from learning the practice in communicable disease nursing: for they must have this practice if epidemics are to be prevented. How can a nurse recognize a rash she has never seen? How can she be expected to exclude a school child promptly and report his condition accurately when symptoms appear which she may have read about in a text book but has never actually observed?

Since 1925 the Oshawa General Hospital has been affiliated with the Riverdale Isolation Hospital, Toronto. Since that time twenty-one nurses have taken this training, which has been found by the nurses to be of the greatest advantage to them.

(1) It insures the nurse's personal safety and prevents the dropping out of young nurses every year, victims of contagious disease.

(2) It protects the patient who is often seriously ill and needs the most skilful nursing by one who has learned to recognize and promptly report danger signals.

(3) It protects the public by sending out young women who are fully prepared and entirely efficient to handle the nursing of contagious diseases.

On going into homes many nurses are at a loss because they do not know how to substitute improvised equipment for what they have used in the hospital. They demand an expensive equipment, and so bring criticism upon themselves and their profession. Their expert skill and sympathetic presence permit them to render a service no other person can, but this can only be carried out successfully by knowing how to meet the contagion situation. Ignorance is no longer excusable.

Each nurse when receiving her communicable diseases training is given general instructions as to the nurses' equipment and technique, isolation of the patient, care of the patient in general, care of the patient's room, linen, dishes, secretions and excretions, discharge of the patient and disinfection of the room. Speaking from my own experience I feel that every nurse should be compelled to take communicable diseases training. This not only protects her but the community at large. One of the greatest things gained is confidence, and this is especially needed when nursing in a home. Without it one is lost.

When called to a home the rules of strict isolation should be carried out. Infection must be confined to as small an area as possible. The room in the house should be clean, bright, sunny, well-ventilated, temperature 68-70 deg. Fahr., and if pos-

(Paper read by Mrs. H. Trick, Oshawa General Hospital, 1926, at the annual meeting of District No. 5, R.N.A.O., held in Toronto, April, 1927.)

sible close to a bathroom. Remove all decorations from walls. Have only such articles of furniture as are necessary in the room; curtains made of washable material, and windows screened. Place a silent pad on the door around the lock. For one's own convenience have soap and water for cleaning purposes. Fumigation will be carried out by the Department of Public Health if requested.

Symptoms as they appear can only be observed and reported promptly by those who have had this training and understand. It is a characteristic feature of the modern young woman in this country that she does nothing blindly. She insists on thinking for herself. The nurse of today has no notion of trying to invade the domain of the physician: that is, diagnosis and treatment of disease. But she has great respect for her own part in the healing of the sick: the expert administration of nursing care; accurate, intelligent observation of the patient's condition. Nurses endeavour to give the physician co-operation rather than blind obedience — otherwise what would happen to the nurse in the country, a distance of twenty-five miles from the nearest physician, with the possible additional circumstances of bad roads and bad weather? A nurse would certainly find herself in a perplexing situation if she had no confidence in herself!

Miss Mathieson, superintendent of nurses, Riverdale Isolation Hospital, Toronto, said: A nurse may read all the text books available but unless she is able to see for herself will never understand.

Our practical experience in the nursing of contagious diseases taught us the truth of this remark, and also made us realize that the public must be made to comprehend what it means to have nurses who really understand the contagion situation: an understanding that can only be gained by having the training given in an isolation hospital.

PORTRAIT UNVEILED OF MISS KATE MATHIESON

The Nurses' Residence of the Riverdale Isolation Hospital, Toronto, was the scene of a very delightful ceremony on the evening of July sixth, when the members of the Alumnae Association paid lasting and affectionate tribute to Miss Mathieson, Superintendent of Nurses.

The largely-attended ceremony was presided over by Alderman John Winnett, chairman of the Local Board of Health.

The Portrait was unveiled by Miss May Jones, president of the Alumnae Association, who voiced the love and admiration of the nurses, in presenting the portrait to Miss Mathieson, who, after a graceful acknowledgement, presented it to Mayor Foster, as a gift to the city. His Worship then formally gave the portrait to the Nurses' Residence and paid his tribute to the efficient services of Miss Mathieson.

As Miss Mathieson stood to receive the gift, the guests had an ideal opportunity to judge the work of the artist, Mr. J. W. L. Forster, as she wore the same lovely gown of rose crepe romaine and cream silk lace with touches of madonna blue, wearing a necklace of pearls, and beautiful lapis lazuli as portrayed.

On account of the unavoidable absence of Miss Kathleen Scott, graduate of the Hospital Training School, her message of love and appreciation was read by Miss Florence McMillan.

Short speeches were made by Dr. C. B. Shuttleworth and Dr. A. W. McPherson, of Peterboro, both connected with the hospital at one time. Dr. C. A. Risk, Assessment Commissioner Forman, Property Commissioner Daniel Chisholm, Alderman J. A. C. Cameron, and Mr. J. W. L. Forster.

Mrs. Grant Berry and Miss Elisa Walpole provided delightful music.

A reception was held later when Miss Mathieson, assisted by Mrs. Austin Suckling and Miss May Jones, received the guests.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

*A Brief Review of the Public Health Nursing Services of France**

By ISABEL MANSON

The following is not intended in any sense as a survey of Public Health work in France, but merely as a description of the public health nursing services which we were able to visit during a very brief stay in Paris and Soissons.

One need not be long in France before realizing the tremendous emphasis which is placed on the anti-tuberculosis campaign. Tuberculosis is rife there, causing approximately one-fourth of deaths from all causes.

Just after the war the situation was most serious, and the Rockefeller Foundation went in to give emergency aid. Working with the newly-formed "Comite National de defense contre la Tuberculose," a rather elaborate scheme was established, which is now being carried on and extended by the French Committee. At the present time this work is more generally and uniformly organized than any other branch of public health.

The scheme centres round its dispensaries. These are much the same as dispensaries elsewhere for diagnosis, prevention and teaching, with responsibility for treatment in special cases only.

Nurses from the dispensary visit all the homes to instruct both patients and families in ordinary hygiene and measures of isolation, to see that patients are being properly cared for, and to have all contacts come for examination.

The dispensary is in close co-operation with its local sanatorium, making arrangements for patients who are to have institutional care, passing on the case histories when possible.

Every effort is made to reach all parts of the country. In fact, any district showing a tuberculosis rate higher than the average for several years, is compelled by law to establish a dispensary. It is required by law, too, that each "departement" shall have suitable sanatorium accommodation.

Preventoria and Open-Air Schools are being more and more used for children who are anaemic, mal-nourished and delicate, especially for such as have been exposed to tuberculosis. Some Open-Air Schools are exclusively for children who, although notified cases of tuberculosis, are able to derive benefit from education given under these modified conditions.

A most interesting feature of tuberculosis work was introduced by Professor Grancher in 1903. The method is used fairly extensively in Paris and to a less degree in other parts of France.

In poor homes where one or both parents are suffering from tuberculosis, it is almost impossible to maintain satisfactory isolation. The plan is, therefore, to remove still healthy children of ten years old and younger, and to board them out with peasant families in the country. There is the

*Extracts from a report made by Miss Isabel Manson following the completion of her practical work in Paris and Soissons, early in 1927. Miss Manson was awarded a scholarship by the Victorian Order of Nurses for Canada to attend the course in Public Health Nursing as conducted in London, England, under the direction of the League of Red Cross Societies.

double difficulty of selecting suitable foster homes under adequate supervision, and of selecting children who will respond to the treatment and whose parents are willing to let them go. The first difficulty is met by organizing districts for the purpose. A Welfare Centre is begun, or one already existing is used. The doctors and nurses from the centre know the people of the district well, and are in a position to choose suitable homes where the families are able and willing to accept foster children.

Most of the Welfare Centres have infirmaries attached and here boarded-out children are kept some time under observation before being finally placed in their new homes. The foster-mothers attend the clinics and are closely supervised both there and in their own homes by the nurses.

If the parents recover, their children are returned to them. Otherwise they are kept under the guardianship of the "Oeuvre Grancher" until they attain their majority. At the age of thirteen children may be apprenticed to learn a trade. Most of them, however, choose to remain with their foster-parents and to follow agricultural pursuits.

That many difficulties would arise in the working-out of such a scheme is obvious. The statistics indicate, however, that from the medical point of view it has proved most successful. The number of deaths from tuberculosis among the boarded-out children is almost nil, while among similar contacts not boarded out the rate is about forty per thousand. More than two thousand five hundred children have been placed out under Professor Grancher's scheme, and reports enthusiastically declare it a success from the social side as well.

Other Public Health work is organized under the "Office National d'Hygiene Sociale". Much of the work is done by voluntary societies, inspected and subsidized by the State.

In 1892 Dr. Pierre Budin, of Paris, began to hold consultations for well babies in connection with his hospital work. This is said to be the very first Infant Welfare Centre, from which beginning the idea spread rapidly to other countries. In spite of this early start, however, Maternity and Child Welfare work was not extensively organized nor co-ordinated in France until after the war. The agencies now working under the national scheme are most varied in their origin, organization, and the extent and nature of the work they undertake.

"L'Ecole de Puericulture" is a Franco-American foundation established in 1919 under the Faculty of Medicine of the University of Paris for the purpose of developing and correlating the work in Child Welfare. As a centre, it serves a population of 250,000. As a school, it gives courses for nurses, medical students and doctors. To enter the school a nurse must have one year (i.e., half) of her general hospital training. After a year at the school she graduates as a Child Welfare Nurse. (The length of the course will be readjusted when three years training for nurses is generally introduced, as it probably will be soon.)

The buildings of the school are old barracks which are neither comfortable nor convenient, but which have been quite well adapted for temporary use. Clinics are held for expectant and nursing mothers, for infants, pre-school and school children.

A good deal of home visiting is done from the Centre, the student nurses being taught and supervised by staff nurses. The visits are for the purpose of instruction. Care of a home patient may be demonstrated, but there is no attempt as yet to carry a bedside nursing service. Also, the student nurses, under the guidance of a trained social worker, do the social work of their district.

There is one in-patient ward known as the "Pavilion d'allaitement" for cases presenting difficulties in breast-feeding. Patients are referred here from all the Maternity Hospitals of Paris. Many of the charts record most interesting success in the establishment or re-establishment of lactation.

Another interesting Centre of quite a different type is located in a very poor district on the outskirts of Paris. Here are maternity and child welfare clinics, a tuberculosis dispensary, an open-air school, a day nursery and a hospital ward with about twelve beds.

Beside this comprehensive health programme, there are club activities for men, women and children. There is also a department which takes clothing contracts from business firms, buys material in large quantities, does the cutting, and gives out the sewing to women who are in need of work.

Another department here seemed to me as useful as it is unique. There is a sewing room manned by voluntary workers. Mothers of the district who go to work may pass by the Centre in the morning and leave their bundles of clothes to be mended, calling again for them on their way home at night. Clothes that are very badly worn are usually replaced by new or less-worn articles supplied by public or private charities.

These two instances serve to illustrate the tendency in France to combine under one organization all types of health and social work, and to have nurses resident at the Centres.

The Public Health Nursing Service at Soissons was begun by the American Committee for Devastated France in 1919. Two towns and a hundred and twenty villages are included in its area.

This part of the country was in terrible condition at that time. Many people were living in rude improved huts and hovels until they could get their houses re-built. There were no personal nor household supplies in the district. The first work of the committee was to fit up motor vans as travelling stores to bring provisions and other necessaries within convenient reach.

Nursing work was first organized along specialized lines, but before long it was found advisable to change over to a generalized system. Each nurse was furnished with a car and given a reasonably small area in which she was responsible for the whole health programme. The supervisor and a group of her nurses live at the residence at Soissons, and other nurses are placed in outlying districts, to be nearer their work.

Since the nursing service has been taken over by the French themselves, some re-adjustment and retrenchment has been necessary. There are only ten nurses now, so that some of the Centres have been closed and bedside nursing has been discontinued. The work at present includes maternity and child welfare, tuberculosis and venereal disease clinics, home visiting and some school nursing.

An ambulance service is also maintained. This was a most necessary department at first, for during the early days of reconstruction a great many accidents occurred from exploding bombs, falling walls, etc. Such incidents are fortunately rare now, and the ambulances are used chiefly to convey very ill patients to hospitals.

Much of the work in Soissons, as well as that in Paris, falls under the jurisdiction of national organizations. The custom of organizing each main branch of Public Health under a national committee has the advantage of linking up the local centres, whether voluntary or municipal, and of co-ordinating their work so as to reduce to a minimum the overlapping in some areas, and the neglect of others. Again, in some branches, notably tuberculosis, all clinics use identical forms. These and educational pamphlets of all kinds can be procured by the Central Committee at lowest cost and distributed according to need.

France was comparatively late in beginning its organized Health Campaign, but already much has been accomplished, and the enthusiasm and energy of its workers augur well for the future.

Honours for Canadian Nurses

I

Miss Ruby Hamilton, assistant director of field nursing, Ontario Division, Canadian Red Cross Society, has been awarded a scholarship in the International Course in Public Health Nursing, by the Canadian Red Cross Society.

MISS RUBY HAMILTON
—Courtesy Canadian Red Cross.

Miss Hamilton, who is a resident of Toronto, is a graduate of the School of Nursing, Johns Hopkins Hospital, and served overseas with the Canadian Army Medical Corps. After two-and-a-half years' service Miss Hamilton was recalled to Canada and promoted to the rank of Matron at the Military Hospital, Ste. Anne de Bellevue.

Following demobilization she joined the staff of the Department of Health for Ontario. In 1924 Miss Hamilton was appointed a member of the staff of the Ontario Division, Canadian Red Cross Society, when for one year she organized home nursing classes, then accepted her present position.

In 1920 the Canadian Red Cross Society awarded an International Scholarship in Public Health Nursing; since then the society has contributed largely to the education of nurses and the development of better nursing service in Canada.

The Canadian Nurses Association is pleased that the Society again feels able to offer an International Scholarship and that the choice of award has fallen to Miss Ruby Hamilton, to whom the best wishes of the Association are extended for the year at Bedford College and her future career.

II

During recent years the rapid development of child study by the Child Welfare Association of Montreal has attracted the attention and interest of the Laura Spellman Rockefeller Foundation with the result that the Foundation has awarded two scholarships for child study. Last year Miss Flora Stewart, of the Child Welfare Association, was granted a scholarship of $1,500. tuition and travelling expenses, and recently Miss Dorothea McCarogher was awarded one for $1,000. one year's tuition at Columbia University and travelling expenses. Miss McCarogher is a graduate of the School of Nursing, Montreal General Hospital, and last year studied at the School for Graduate Nurses, McGill University, where she received the bronze medal, presented by the Lieutenant-Governor for highest standing in the Public Health Nursing Section of the School.

These two scholarships are the only awards of the kind which have been made to public health nurses for the purpose of definite study of the child rather than for the treatment of its health.

Miss Stewart will soon return to her position on the staff, Child Welfare Association, and Miss McCarogher will join the same after her year of special study.

Canadian nurses are delighted that such honours have been bestowed on Miss Flora Stewart and Miss Dorothea McCarogher and that the efforts made by the Child Welfare Association, of Montreal, have received marked recognition in its work for the development of the child.

III

The Canadian Nurses Association offers its congratulations to Miss Laura Holland, of Toronto, on her recent appointment to the directorship of the Children's Aid of Vancouver. Miss Holland is a graduate of the School of Nursing, Montreal General Hospital, and of the Boston School of Social Work. In 1915 Miss Holland joined the Nursing Service of the Canadian Army Medical Corps and served in France, Lemnos and Salonica. After graduating from the Boston School of Social Work she did a special piece of work in Medical Social Service in the Montreal General Hospital, then for two years she was associated with the Ontario Red Cross in making surveys and establishing the first four outpost hospitals. In 1923 Miss Holland was appointed director of the Division of Social Welfare of the Department of Public Health, of Toronto, a position which she has resigned to the deep regret of all those who have been privileged to be associated with her in the many phases of social work in one of the best organizations of its kind in Canada.

Miss Holland is greatly interested in nursing organization work. At present she is vice-chairman of the Public Health Section of the Canadian Nurses Association and is active on the publication committee of that section in supporting the Public Health Department of The Canadian Nurse.

IV

At the presentation of certificates to the students completing the international courses held at Bedford College for Women, London, England, on July 12th, the students were addressed by Miss Alma Haupt, Director of Nursing for Austria, Commonwealth Fund, and received their diplomas from the Right Honorable Neville Chamberlain. The students who completed the Public Health Course are: Marianne Kutschera, Gisela Rapatz, and Maria Wagner (Austria), Isabel Manson (Canada), Anna Mankova (Czechoslovakia), Melize Kipper (Estonia), Clotilde Hennebert (France), Gertrude Davies and Elizabeth Dyson (Great Britain), Marie Stephan (Germany), Adelaide Spensley (South Africa). The Course for Nurse Administrators and Teachers in Schools of Nursing: Grete Sonnenberg, Marie Strobl, and Anna Schwarzenberg (Austria), Marjorie Carven (Great Britain), Martha Hededam (Denmark), Stefanja Potocka (Poland), Despina Cantacuzino (Roumania), Mercedes Mila (Spain). Votes of thanks on behalf of the students were proposed by Isabel Manson and Mercedes Mila.

Education's primary object is to enable men to get the best out of themselves, for themselves and for their fellow-men. The relation in which men stand to their fellows makes it impossible that there should be such a thing as getting the best for himself alone. There is no such thing as isolated best. The best is got through relation to context—a man may as well try to disregard his relations to the rest of his fellows as to seek to disregard the laws of gravitation.—Hubert Parry.

News Notes

ALBERTA

CALGARY

The general business meeting of the Calgary Association of Graduate Nurses for June was held in the Y.W.C.A. parlours when the resignation of the secretary, Miss Arnold, was received and accepted. The next business meeting of the association will be held in September.

Miss Arnold recently left for Port Sand, U.S.A., where she will remain indefinitely.

Miss Nordstrom is spending some time with her sister in Texas.

BRITISH COLUMBIA

Examinations were held recently throughout British Columbia for title and certificate of registered nurse and the use of the letters "R.N." One hundred and thirteen canditates wrote with the following results, names being placed in order of merit:

Honour List: Marks Above 80%

Misses H. King, J. Thomson and M. A. Binnie, Vancouver General Hospital, Vancouver; K. Gibson, Vernon Jubilee Hospital, Vernon; M. Liebscher, Provincial Royal Jubilee Hospital, Victoria; K. Miles, St. Paul's Hospital, Vancouver.

First Class: Marks 70-80%

Misses F. Thompson, W. Low, E. Whiteside, M. Clark, V. Evans, A. Cates, B. Clay; (E. Fletcher, A. Wallbaumer) equal; M. Bardsley; (R. deCou, C. MacKenzie, J. Van Sacker), equal; L. Cooley, (M. Soloman, M. Young), equal; I. Anderson, I. Bella; (A. Campbell, A. Fraser, M. Sanders), equal; (P. Dalziel, E. Patterson), equal; M. Maynard, (M. Brewster, M. Reid), equal; (N. Thompson, M. Comerford, I. Wheldon), equal; (H. Lyons, M. North, M. Oxam), equal; E. Drake, H. Shaw.

Second Class: Marks 60-70%

(I. Knowlton, A. Larsen, A. Webb), equal; M. Andrews, H. Shumway, E. Hinchcliffe, (L. Norris, E. Olge), equal; M. McGregor, (E. Bond, G. Duffell), equal; J. Whiteford, (A. Hunter, V. Salmon), equal; S. Baker, M. Rose, E. Allen, M. Ringshaw, H. Jones, E. Charbonneau, (M. Dell, M. Hanna, E. Irvine), equal; C. Rant, M. Hardman, E. Cunningham, (I. Arnould, E. Greene), equal; M. Burns, S. B. Johnson, (A. Burton, F. Slade), equal; (M. Kinnear, H. Ogilvie), equal; (I. Garrick, K. Mulcahy, V. Neff), equal; E. Erickson, (M. Hardy, M. Yates), equal; L. Waugh, Y. Gagnon, H. Sallis, E. Gow, E. McLeod, G. Anderson, H. Mitchell, E. Dalgleish, J. McIntyre.

Passed

(E. Peel, A. Sangster), equal; (K. Grant, L. Martin), equal; M. Laddell, (E. Campe, E. Phinney), equal; M. Blackwell, M. Browne, V. Buse, M. Glover, G. Morris, F. Fox.

Passed supplemental examination: — Misses E. Dawe, E. Erskine.

Passed with one supplemental examination to be written:—Misses V. Doig, A. Horner.

VANCOUVER

The regular monthly meeting of the Vancouver Graduate Nurses Association was held in the Nurses' Residence, Vancouver General Hospital with the president in the chair. The question of off duty hours for private duty nurses was brought up and referred for further discussion to the September meeting. The speaker of the evening was Dr. H. W. Hill, who gave an interesting talk on Why are certain laboratory tests made? etc. Miss Elizabeth Scovil, who was a guest at the hospital, gave an account of early training days of nurses and also a humorous account of an interview she once had with Miss Florence Nightingale.

Vancouver General Hospital

The graduation exercises of class 1927 were held in the Arena on May 28th, when diplomas and medals were presented to 75 nurses: the largest class in the history of the school. The class was addressed by Mr. J. W. deB. Farris, the diplomas and medals were presented by Miss K. Ellis and Mr. G. Kalkem, and Dr. F. C. Bell presented the prizes and scholarships to: A. Cavers, the Alison Cummings medal for highest standing in medical nursing; C. McAllister, the Glen Campbell prize for nursing in diseases of the eye; Ruth Cansfield, the Cotterell prize for proficiency in dietitics, and the General Superintendent's prize for devotion to duty; Jean Thompson, the R. E. McKechnie medal for general proficiency, and a scholarship for post graduate work in gynaecological and obstetrical nursing; M. A. Young, the W. A. Dodson prize for mental hygiene; H. M. King, the Carder prize for general proficiency in pediatric nursing; E. Deakin, the Seldon medal for highest standing in surgical nursing, and the Johnson & Johnson prize for practical nursing. A reception was held at the close of the ceremony.

Prior to graduation several entertainments were held in honour of the graduates, and the annual picnic at Bowen Island, attended also by members of the Alumnae.

VICTORIA

The graduation exercises, class 1927, of the Royal Jubilee Hospital, Victoria, were held at the Metropolitan United Church, when thirty-eight graduates received their nursing certificates and badges. Scholarships and special prizes were awarded as follows:—The Robert S. Day Memorial Scholarship, presented by Mr. William Day, for highest general proficiency in theoretical and practical work, to Jennie Hocking; three prizes of $25 each, the first, to the pupil in the intermediate class standing highest in theoretical work, to Dora Heap; the Graduate Nurses Association Scholarship, to Hilda Burton. Mabelle Hopkins carried off two prizes: Dr. A. C. Price's for highest marks in examination on communicable diseases, and Dr. Hermann Robertson's, for highest marks in examination on general surgery. Members of the graduating class were: Nora L. Drought, Elizabeth Kent, Ella S. Morrison, Jennie Hocking, Agnes Fraser, Edith A. R. Hinchcliffe, Edith J. Paterson, Florence Slade, Maud E. Parker, Mabel F. Plumb, Eunice H. Whiteside, Elizabeth Innes, Caro Rant, Blanche L. Cooley, Hazel M. Jones, Bessie M. Jones, Novart Saunders, Irma Knowlton, Sarah L. Ellis, Edith Greene, Nora E. Thomson, Laura McCall, Edna A. Erickson, Margaret Glover, Margaret T. Mitchell, Edith Phinney, Grace Temple, Joan R. Wilson, Kathleen L. Yates, Lillian M. Dicken, Amelia J. Walbaum, Francis R. Thompson, Margaret Leibscher, Rose F. Donaldson, Violet M. Towgood, Viola M. Naff, Catherine H. McKenzie, Hazel M. Shumway.

On the following evening a dance arranged by the board of directors for the nurses and their friends was given at the Empress Hotel.

Miss K. E. Gray (Winnipeg General Hospital, 1916), night supervisor of Colonial Hospital, Rochester, Minn., was a visitor in Victoria recently, en route for Mayo, Yukon, on a holiday trip.

MANITOBA

The quarterly meeting of the Manitoba Association of Graduate Nurses was held in two sessions on June 24th. The business session in the afternoon took place in the Parliament Building and the evening one followed a supper at the Princess Cafe. The speakers at the evening session were Miss Elizabeth Russell, who reported on the Conference on Nursing held in Toronto on June 14th; Miss Jessie Grant, who spoke briefly on some of the present day problems of schools of nursing, and Miss Anna Wells, who gave a short talk on the annual conference of the Canadian Council on Child Welfare.

Miss Annie Starr, secretary, Graduate Nurses' Residence, Winnipeg, spent the month of July visiting in Ontario and New York.

WINNIPEG
Children's Hospital

The graduating exercises of class 1927 were held at the Nurses' Residence on June 2nd. Archbishop Matheson, Dr. O. J. Day and Mrs. W. J. Mundell addressed the graduates. Each member of the class was presented with a hypodermic set and a thermometer from St. John's Guild. The special prizes awarded were:—The Mary Walker prize for proficiency, to Evelyn Carr; for highest standing in theory senior division, awarded by Fletcher Andrews, K.C., and F. L. Graham, to Edith Stanley Smith; junior division, awarded by Mrs. P. C. Shepherd, to Flora Plenty.

Intermediate year: General proficiency, Hazel Dugdale, awarded by Mrs. W. H. Little; highest standing in theory, senior division, Annie Marion Cameron, awarded by the Earl Kitchener Guild; junior division, Henel Irene Creelman, awarded by Mrs. H. Steinkopf; charting, Jean Ritchie, awarded by Dr. Campbell MacArthur.

Junior year were:—Senior division, Marjorie Wintemute; junior division, Belva Douglas, awarded by St. Agnes Guild.

The graduates were:—Margaret Jessie Atkinson, Elsie Pearl Munro, Kathleen Rowntree, Edith Stanley-Smith, Fern Marguerite, Evelyn Carr, Dagny Olive Fanumn, Kathleen Lillian Haw, Mary Irene Johnstone, Annie Milne Murray, Flora Plenty, Jeanette Bernice Rusenel, Gladys Edith Tanner.

Mrs. T. A. Burrows presented the diplomas and Miss Margaret Allen, superintendent of nurses, presented the pins to the graduates.

NEW BRUNSWICK
ST. STEPHEN

The annual meeting of the New Brunswick Association of Registered Nurses was held on June 21st and 22nd in the City Hall, Moncton, to which they were welcomed by Mayor Taylor. The reports of the local chapters and conveners showed that progress had been made during the year throughout the province. Subjects of papers and addresses delivered were: The Trend of the Times in Nursing, by Miss Mabel McMullin, of St. Stephen; Public Health Work in Fredericton, by Miss Georgie Pond; Nursing Contagious Diseases, by Miss Celia Gleason, of St. John; Some Possible New Points in Pulmonary Tuberculosis, by Dr. Landry, of Moncton. The nurses were delightfully entertained by the local chapter at Moncton to a motor drive and dinner at Hopewell Cape Rocks; a bridge at the Golf Club and a lunch at Hotel Brunswick.

Miss C. H. Boyd, superintendent C.M.H., and Miss M. McMullen, attended the

annual meeting of the New Brunswick Association of Registered Nurses held in July in Moncton.

Miss Estelle Murphy of the C.M.H., is on vacation and is being relieved by Miss Myrtle Dunbar.

Mrs. Harry Doyle, of Haverhill, was a recent visitor to St. Stephen.

Miss Elizabeth Clark, the efficient night superintendent at C.M.H., has resigned and will be succeeded by Miss D. J. Danfill, of Sherbrooke, P.Q.

The many friends of Miss Annie Spinney, C.M.H. staff, are pleased to hear that she is recovering from her recent illness.

The members of the Jean Dalzell branch of the Labrador Medical Mission have raised the sum of $47.00 with which comforts have been purchased for the Dalzell Memorial Ward at the hospital in St. Anthony, Newfoundland.

Miss Jeannette Thomas, who spent the winter at the Homoepathic and Maternity Hospital, Yonkers, New York, is spending the summer at her home and expects to return to Yonkers in the autumn.

ST. JOHN

On Tuesday evening, June 14th, the 1927 graduating class of the St. John General Public Hospital received their diplomas from that hospital and also from the St. John County Hospital, which is in affiliation. Mr. M. E. Agar president of the Board of Commissioners, was in the chair and presented the diplomas. Dr. J. M. Barry, chairman of the Medical Board, and Rev. Hugh Miller addressed the class.

The class was the largest in the history of the school. Miss Ethel L. Henderson, of Nauwigewauk, won the Alumnae's prize for exerting the best influence and the prize offered by Miss Ella McCaffigan for greatest proficiency in practice and theory.

The members of the class are: Adelia May McDormand, Ada Maude Lunn, Pauline Sidona Wetmore, Mildred Pearl Dodge, Ethel Lillian Henderson, Hazel Henrietta Smith, Thelma Maude Noddin, Mary Umberson Alcoe, Annie Viola Sumerville, Katherine Elizabeth Gratton, Inez Helen Whipple, Amy Ella Jane Hasson, Alice Veronica Carney, Lillian Merwin Finley, Bernetta Josephine Vye, Charlotte Isabel Hume, Lillian Rose Wilson, Dorothy Mildred Outhouse, Margaret Louise Barnes, Christian Rennie Shand, Susanna Hughes Hartley, Lucy Jane McIntosh, Laura Hortense Henderson, Helen Ruth Cosman, Hazel Mae Reicker, Greta Brodie Rubins, Thelma Viola Watters, Elsie Mae Urquhart.

Mrs. Breyler (Emma Bell, 1916) and son are spending the summer in St. John, and Mrs. Frank Donnelly (Edith Paterson, 1918) has been a recent visitor.

Miss Alice Cousins, 1919, has accepted a position at Bar Harhour, Michigan.

Miss Elsie Shaw, 1919, has returned home after nursing her sister who was ill at the Royal Victoria Hospital, Montreal.

Miss Kathleen S. Lawson, 1920, is on a visit to Port McNichol, Niagara, Toronto and Cornwall, Ont.

The Alumnae Association were hostesses to the members of the class 1927 at a banquet held at the Royal Hotel on June 16th.

MONCTON

The graduation exercises of Moncton City Hospital School for Nurses were held in Aberdeen High School on the evening of June 14th when eleven nurses received their diplomas in the present of a large assembly of friends and well wishers. The graduates received their medals from Miss Alena J. MacMaster, superintendent of nurses, and bouquets of roses from the Ladies' Hospital Aid. Special prizes were awarded to: Cynthia Scott, $20.00 in gold, by Mr. A. H. Grainger, for the best deportment during the course; a set of nurse's instruments, by the Moncton Chapter, N.R.A.R.N. for highest general average throughout course; $5.00 in gold, by Dr. O. B. Price, for best work in public health and tuberculosis nursing, and two volumes of poems, by Bliss Carmen, by Miss MacMaster, for best marks in Senior Ethics; Janet Black, $20.00 in gold, by Mr. Norman Sinclair, for highest marks in obstetrical nursing; Cynthia Scott and Dora Johnson (tied), $5.00 in gold, by the Ladies' Hospital Aid, for highest points in third year standing; Lucy Purdy and Jean Johnston (tied), $5.00 in gold, by Dr. Geo. Lyons, for best paper in bacteriology, urinalysis and anaesthesia; Jean Johnston and Ethel M. McKenzie (tied), $5.00 in gold, by the Ladies' Hospital Aid, for most progress in practical nursing during course; Emma Steeves, text book, by Dr. W. A. Ferguson, for highest marks in senior bandaging; Ida Scott, text book, by Dr. Ferguson, for highest marks in junior bandaging. The graduates are: Jean Elizabeth Johnston, Anona Craig Munn, Vonda Isabella Tamlyn, Annie Wilda Keiver, Janet Hannah Black, Cynthia Pearl Scott, Edith Louise McKenzie, Lucy Jane Purdy, Dorothea Irene Milner, Shirley Marguerite Wood and Doris Amelia Johnson.

ONTARIO

KITCHENER

Miss Lillian McTague is taking a post graduate course at the Woman's Lying-in Hospital, Chicago, Illinois.

Misses Kathleen Grant and Rachel Stone sailed late in June for an extended trip to Ireland and European cities.

Miss Victoria Cleghorn has been appointed school nurse at Elmira and Miss Emma Pfeffer to a similar position in Waterloo.

LONDON

Victoria Hospital

Their Excellencies, the Governor-General and Viscountess Willingdon, paid an official visit to London on June 21st, and included in a very full programme the forty-first graduation exercises of Victoria Hospital School of Nursing, held at Convocation Hall University of Western Ontario.

His Excellency presented the diplomas, and Lady Willingdon the school badges, to the forty-four graduates. In his address the Governor-General referred to the scientific work being done in the hospitals of the Dominion and of the need of public interest and financial support in this work.

Later in the day Their Excellencies visited the hospital and performed the ceremony of opening the new residence for nurses, which completes a very attractive suite of buildings comprising the Medical School, Victoria Hospital, War Memorial Children's Hospital and the School of Nursing and Residence.

The ceremony of opening the Operating Room Suite, comprising two large rooms and three smaller, with complete workroom and sterilizing plant, took place on June 1st. This building is the gift of Colonel W. M. Gartshore, chairman of Victoria Hospital Trust, and past president of the Ontario Hospital Association.

The occasion was the Lister Celebration, arranged by the Academy of Medicine. The Lister Oration was ably presented by Dr. Primrose, University of Toronto, and at the completion, Dr. Hadley Williams, Chief of the Department of Surgery, Victoria Hospital, unveiled a bronze tablet in commemoration of the event and in appreciation of Colonel Gartshore's devotion and munificence to Victoria Hospital.

OTTAWA

The annual meeting of the Alumnae Association of the Ottawa General Hospital was held in June. All reports showed satisfactory progress for the past year. Numerous contributions were made to local charities. Miss M. Crilly was elected president, and many remarks of appreciation were expressed to Miss Florence Nevins, retiring president, for her zeal and faithfulness during her years as chief officer.

TORONTO

Hospital for Sick Children

On Monday, July 4th, the corner stone of the new county hospital at Thistleton, was laid by the Premier of Ontario, amid crowds of interested spectators and friends of the institution. This magnificent addition to the Hospital for Sick Children, the funds for which were raised last year by a splendidly supported campaign throughout the city of Toronto and the province of Ontario, stands on a rise of land some fifteen miles from the city, and comprises about ninety-eight acres. The building will be ready for occupation January, 1928, and will provide for one hundred and twelve beds; anticipated additions later will bring up the capacity to three hundred and twelve.

Miss Potts, the former superintendent of the Hospital for Sick Children, has been a patient in the Private Pavilion, Toronto General Hospital, during the months of June and July.

Miss Gertrude Darragh, 1924, has recently become a supervisor in the Operating Room of the Harper Hospital, Detroit.

Miss Lorraine Morrison, 1924, is night supervisor at the "Cradle," Ridge Ave., Evanston, Ill.

Miss Mary Acland has accepted the position of assistant supervisor (relieving) at the Children's Protestant Hospital, Ottawa.

Miss Miriam Gibson (Scholarship 1926) completed the Teachers' Course at McGill University with second class honours.

Miss M. Fitzgerald, class 1914, has been appointed secretary-treasurer for the Registered Nurses Association of Ontario.

Miss Geraldine Conly has been appointed on the permanent staff of the Public Health Nurses of Toronto.

The following graduates have successfully passed the examinations in Public Health Nursing at Toronto: Miss Conly, 1916; Miss Watt, 1923; Miss McLaren, 1924; Miss Benson, 1924; Miss Vernon, 1926.

St. Michael's Hospital

Lake Ontario was never more beautiful than on Saturday afternoon, June 18th, when Mrs. James E. Day entertained at tea at her lovely island residence in honour of the graduating class of St. Michael's Hospital School of Nursing and the Alumnae. Receiving with Mrs. Day was Miss Hilda Kerr, president of the Alumnae. A brief business meeting was held at which Miss Marie McEnaney gave a report of the second annual meeting of the R.N.A.O. held in St. Catharines. In the evening the Alumnae entertained the class of 1927 at a party at the Victoria Theatre.

Misses Margaret Nealon, Isobel Meagher and Mary Robinson, graduates of St. Michael's Hospital School of Nursing, have successfully completed the post-graduate year in Public Health Nursing at the University of Toronto.

Women's College Hospital

The Alumnae Association of The Women's College Hospital held a very pleasant social evening in the nurses' residence on Monday evening, June 13th. Dr. Edna Guest introduced Miss Rattey,

Matron of The Presbyterian Girls' Home, Toronto, who addressed the nurses in a very delightful and pleasing manner. At the close of the address Miss Margaret Marshall was presented with a bouquet of roses by the Alumnae. Miss Marshall has been assistant superintendent of the Women's College Hospital for some time and has severed her connections with the hospital. Miss Marshall will be very greatly missed in the life of the nurses and also in the hospital.

WINDSOR

The graduation exercises of the Hotel Dieu Training School for Nurses were held on May 10th, in the Knights of Columbus Hall, when nineteen nurses received their medals and diplomas. The class was addressed by Mayor Jackson, Rev. Fr. Pickett and Rev. Mr. Paulin. The gold medal for highest marks in otolarnygology was awarded to Buella Watson. Medals were also awarded to Monda Leclair for highest marks in surgical nursing, and to Gabrielle Sargent for highest marks in obstetrical nursing. nursing. The graduates are: Viola Clyne, Mertena Clyne, Monda Leclair, Donna Dulong, Lorna Sheridan, Marie Dumochelle, Mary Creede, Nellie O'Malley, Dolly Butcher, Alta Boxter, Gabrielle Sargent, Mary Brickley, Buella Watson, Grace Hope and Marie Labrosse. The class of 1927 is the largest in the history of the school.

District No. 1, R.N.A.O.

A meeting of District No. 1 was held in the Prince Edward Hotel, Windsor, on June 13th, Miss Grace Fairley presiding. The president spoke of the value of district meetings, the local contact stimulating healthy membership and benefitting both the business and social needs of the provincial association. A letter from Miss Meiklejohn was read on ways and means by which high schools may be reached in an effort to encourage students to attain the standard necessary to enter the nursing profession. The advisability of reducing district meetings from three to two a year was discussed, with a view of reducing expenses and time away from employment, and difficulty of getting speakers so frequently. On motion to try out the plan the suggestion was adopted. The secretary Miss Hilda Stuart, reported the annual meeting of the R.N.A.O. held at St. Catharines, stressing the McGill scholarship for the course in Teaching in Schools of Nursing, open to all graduate nurses, and the campaign of the Canadian Red Cross for funds. To show its endorsation of the work of the Red Cross the district meeting voted a donation from the treasury. After luncheon, with the nurses of Hotel Dieu and the Essex County graduates as hostesses, Mayor Jackson welcomed the visiting nurses to Windsor and the Rev. Father Roche gave an interesting and unusual history of nursing, showing that nursing always followed the advent of Christianity into any country. Dr. Fuller spoke of the uses of x-ray and radium in the treatment of malignancy. Other speakers were Drs. Biehn and Sanborn, and Miss Martin, of Detroit. A drive around the Border Cities was enjoyed through the courtesy of Windsor's business men, and a dinner session was held at the Mandarin Gardens, where Miss O'Donahy spoke on vocational guidance. St. Thomas was suggested as the next place of meeting.

QUEBEC

MONTREAL

Montreal General Hospital

The following are on the staff of the Montreal General Hospital at present: Miss Duprey, 1927, in the Social Service Department, for the summer; Miss Phyllis Tremaine, 1927, relieving Miss Welling as one of the night assistants; Miss Loita Best, 1927, to the staff of the Out-Door Department; and Miss Freda Whitney, relieving in the Out-Door Registration Bureau, for the summer.

Miss Depew, 1925, is house nurse at the Manor Richelieu during the summer.

Miss D. MacDermott, 1921, and Miss McCarrogher, 1923, are in charge at Murray Bay Convalescent Home during the summer.

Correction: On page 341 of the July number of The Canadian Nurse the second last and last lines of poetry, column 1, should read: "Our battle-cry of old, 'For Christ and King!'"

Examinations for Registration of Nurses in Nova Scotia

are to take place on Wednesday and Thursday, 19th and 20th, October, 1927. Candidates are required to send in their application forms, accompanied by initial registration fee of $10.00, and diploma, before September 19th, 1927, to:

L. F. FRASER, Registrar,

The Registered Nurses Association of Nova Scotia, Room 10, Eastern Trust Building, Halifax, N.S.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BADKE—On June 3rd, 1927, at Kitchener, to Mr. and Mrs. Gerald Badke (Mary Hosfeldt, Kitchener Waterloo Hospital 1922), a daughter.

DOWELL—On May 12th, 1927, at Victoria, to Mr. and Mrs. Dowell (Florence Fullerton, Royal Jubilee Hospital, Victoria), a son (Eric).

MARRYATT—In May, 1927, at Somerville, Mass., to Mr. and Mrs. Marryatt (Mona Morash, Montreal General Hospital, 1924), a daughter.

MITCHELL — On May 30th, 1927, at Stratford, to Mr. and Mrs. Fred. Mitchell (Daisy Mader, Kitchener Waterloo Hospital, 1921), a daughter.

MacMILLAN—On March 23rd, 1927, at Tansui, Formosa, Japan, to Rev. Hugh and Mrs. MacMillan (Donalda MacIntosh, Toronto General Hospital, 1923), a son (Alexander Donald).

McLEOD—In July, at Woodstock, Ont., to Mr. and Mrs. Ward McLeod (Gladys Rippon, Hospital for Sick Children, Toronto, 1917), a son.

PORTER—On June 2nd, 1927, at Minto, N.B., to Dr. and Mrs. Donald Porter (Miss Christie, Montreal General Hospital, 1926), a son.

SIMPSON—On June 14th, at Detroit, to Mr. and Mrs. Lawton Simpson (M. Price, Hotel Dieu, Windsor, 1919), a daughter.

WIGGLESWORTH—On June 25th, 1927 at Los Angles, Calif., to Mr. and Mrs. Wigglesworth (Pauline McCarthy, Montreal General Hospital, 1917), a daughter.

WINSDOR—Recently, to Mr. and Mrs. Joseph Hiller Winsdor (Mabel Mansell, Hotel Dieu, Windsor), a daughter.

CLARK—On June 20th, 1927, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Edgar (Olive Porter, Toronto General Hospital, 1921), a son.

WARNER—On June 16th, 1927, at the Private Patients' Pavilion, Toronto General Hospital, to Dr. and Mrs. William Warner (Jean Hay, Toronto General Hospital, 1924), a son.

WHITE—On June 16th, 1927, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Robert White (Irene Conlin, Toronto General Hospital, 1919), a son.

MARRIAGES

BAILEY—JARRETT—On June 20th, 1927, at Pasadena, Mabel A. Green Jarrett to Mervyn Thomas Bailey.

CHISHOLM—CAMERON—On June 7th, 1927, at Montreal, Mary L. Cameron (Montreal General Hospital, 1917) to Colin A. Chisholm.

COOPER—REID—On May 8th, 1927, at "The Little Church around The Corner," New York, Cora Vivian Reid (General Public Hospital, St. John, 1920) to Edward Cooper. Mr. and Mrs. Cooper will reside in St. John, N.B.

CURTIN — GLEASON — On June 30th, 1927, at Chatham, Anna M. Gleason (Hotel Dieu, Windsor, 1924) to Dr. Thomas Curtin, Detroit, Michigan.

EVELEIGH — LITTLE — On June 15th, 1927, at Montreal, Bertha Little (Montreal General Hospital, 1920) to Joseph Eveleigh.

GEBHART—HICKS—On June 11th, 1927, at Hamilton, Ont., Elsie May Hicks (Hamilton General Hospital, 1925) to William J. Gebhart, of Buffalo, N.Y.

HENDERSON — RIPPEY — Recently, in Moncton, Catherine Winnifred Rippey (City Hospital, Moncton) to Harold Allen Henderson, of Moncton, N.B.

NOXEN—PARKES—On June 22nd, 1927, in Toronto, Nora Parkes (Toronto General Hospital, 1923), to Kenneth Noxen.

ROWE—HALNAN—On May 21st, 1927, at Ripley, N.Y., Julia Halnan (Cornwall General Hospital, 1924) to Arthur E. Rowe, of Cleveland, Ohio.

WALKER — VINCENT — On June 25th, 1927, at Leamington, Ont., Clara Vincent (Kingston General Hospital, 1918) to Harold Walker, of Guelph, Ont.

DEATHS

WELLS—On May 31st, 1927, at the Moncton Hospital, after a long illness, Elizabeth Wells (Moncton Hospital, 1925).

DAVIDSON—On June 23rd, 1927, in Toronto, Alice Davidson (Riverdale Isolation Hospital, Toronto, 1916).

BOOKS RECEIVED

Hygiene and Sanitation: By Jesse Feiring Williams, M.D., Professor of Physical Education, Teachers' College, Columbia University; 344 pages, illustrated; price $2.00; W. B. Saunders Company.

Chemical Laboratory Manual: By L. Jean Bogert, Ph. D., Research Chemist, Obstetrical Department, Henry Ford Hospital, Detroit; 142 pages, illustrated; price $1.50; W. B. Saunders Company.

Fundamentals of Dietetics: By Bertha M. Wood and Annie L. Weeks; 241 pages, illustrated; price $1.75; W. B. Saunders Company.

Normal Midwifery for Midwives and Nurses: By G. W. Theobald B.A., M.D., B.Chir., F.R.C.S., Professor of Obstetrics and Gynaecology, Chulalankarana University, Bangkop; 258 pages, illustrated; price $3.25; The Oxford University Press. Canadian Agents: McAinsh & Co., Limited, Toronto.

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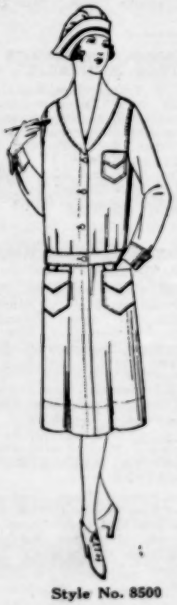

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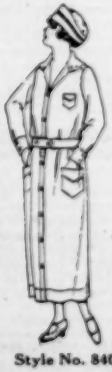

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